THE LANCET.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

By DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

Lecture II.

Gentlemen,

Of all the studies that can engage the attention of man, that of medicine is unquestionably the most important. Taken in its greatest latitude, the science of medicine is of vast extent, and involves in it so many distinct branches of investigation, that the whole life of man may be occupied in its study without his becoming thoroughly acquainted with it. In commencing it, therefore, we should proceed slowly and methodically, making one step sure, before we attempt another. In the former lecture, I defined medicine as "the art of treating (not of curing) diseases." But the nature of disease itself must be understood, before it can be treated satisfactorily and with the greatest success. Like every other art, medicine is governed by certain general principles, which constitute its *theory*, and these require to be understood before we can practise the art with success. This is true even of the most simple art; for instance, agriculture, which is always practised with greater success when its principles are understood. In medicine, these principles constitute the *science*, as the practical part does the *art*.

It is hardly necessary to mention, that the seat of disease is the human body, which, for the purpose of illustration, may be not unaptly compared to a delicate and complicated piece of machinery; so delicate and complex, indeed, that it is wonderful it should ever perform correctly. Now the regular performance of this machine, in all its parts, constitutes the state of perfect *health*, while the imperfect or irregular performance of it is *disease*. The comparison, indeed, may be carried further. It is commonly one part only of a complicated machine that is first out of order; but this may subsequently derange and disturb the movements of the whole. So it is with the body in disease. One part, or *organ*, as we term it, first falls into disorder; this affects others connected with it, by what we call *sympathy*, till at length, in many cases, the whole becomes deranged. This disease is either partial or general, and when general, is nevertheless almost always partial at its outset or commencement.

Disease is nothing essentially different from health. It is nothing mysterious; nothing which the mind does not comprehend; it is not the "workings of an evil spirit." Disease is merely a deviation from the healthy state. The same parts are concerned in disease as in health; and the same functions of circulation, absorption, secretion, &c. carried on, only in an irregular or perverted way. Disease, in fact, is only to be known or understood by comparing it with the healthy state, which, therefore, must be first studied.

The study of the body in health, is termed *physiology*; this is the only basis upon which medical science can be built. Now, for the same reason that, in order to understand the nature and movements of any piece of mechanism, a chronometer, for instance, we should take it to pieces, and examine the parts in detail; so it is with the animated machine—the human body, entrusted to our care. The construction of this also must be investigated as far as possible, its hidden parts brought to light, and its texture unravelled. This requires manual examination, and the art which enables us to do this is termed *anatomy*, or *dissection*, which is as necessary to physiology as the latter is to medical science. *Anatomy*, therefore, is naturally the first step to be taken in the study of medicine, if we would pursue it in a methodical or scientific way. But anatomy is still more in-

dispensable to the manual branch of medicine, or what we term *surgery*. The surgeon cannot proceed a step safely in his operations without it, but is in constant danger of destroying his patient, by injuring parts that are essential to life, such as the great blood vessels and nerves. If anatomy be necessary to the physician, it is doubly so to the surgeon, and therefore I would impress upon your minds, Gentlemen, the great importance of your attending to this branch of study during your stay in the metropolis, and the more so, as it can hardly be successfully prosecuted, except in large cities.

Thus far, the analogy between the human body and an inanimate machine, holds good; but there are great differences observable between the human machine and one framed by the art of man. The latter we can take to pieces, observe the several parts, and put them together again. If any part should be injured, we can repair it, and can even replace any part that may be necessary. This cannot be done with living matter; on account of the extreme minuteness of the parts, we cannot even acquire a knowledge of the ultimate structure of living beings. Our senses, even with artificial aid, are incompetent to detect the ultimate texture of the body. At first view, it appears to be made up of but a few simple parts—as blood vessels, nerves, and absorbents, variously combined, and united together by intervening cellular substance, so as to form the different organs. But look further, and we find that these parts, simple as they at first appeared, are themselves compounded; each artery having its blood vessels, (*vasa vasorum*,) nerves, and absorbents, for the purposes of its own growth and actions. Nerves again, though they appear to be simple cords, are found to consist of parallel bundles of smaller nerves, each of which may be subdivided. Nerves have also blood vessels ramifying over their coats, and penetrating their substance, which serve for their support and nourishment, and in all probability contribute not a little to their energy. All this is obvious with regard to the larger blood vessels and nerves, and, from analogy, we infer the same of the most minute; nor can we assign any limits to this. So that anatomy carries us but a little way into the recesses of the animal economy.

Another difference between the human machine and those constructed by man is, that we are totally unacquainted with the *principle*, or *mainspring*, which puts it in action; I allude here, of course, to the *vital principle*, with the nature of which we are totally unacquainted, and which is only recognised by its effects. But although anatomy is thus imperfect, and does not make us acquainted with the ultimate structure of the body, yet it is of great service to us, as leading to a knowledge of its functions. Physiology, or the knowledge of the functions in health, is an indispensable preliminary to *pathology*, or the explanation of diseases. It points out to us what *life* and *health* are; and it is only by comparing the signs of disease with those of health, that we are enabled to judge how, or in what degree, the body is at any time diseased. *Physiology* is the mirror from which *pathology*, or the knowledge of disease, is reflected; accordingly, before I enter on the consideration of the morbid state of the system, or any of its parts, I shall make a point of premising a general account of the animal economy, and of its various functions.

The human body, like other living beings, is endowed with peculiar properties and powers, which serve to distinguish it from inanimate matter. These properties and powers it derives from the principle of life; they are therefore called the *vital properties*. Some of these it possesses in common with all living things, plants as well as animals; others belong only to animals, and are denied to vegetable beings. Thus, vital properties are either *general* or *special*. The former I shall now proceed briefly to consider; the latter, I shall reserve till we come to treat of the human body more particularly, in which those special vital properties are the most distinctly marked.

The properties then which characterise *life* in general appear to be the following:—

1.—A peculiar *chemical* composition.

2.—A certain texture, or arrangement of parts, which is called *structure*, or *organization*.

3.—A power of *self-preservation*, or resistance to external agents.

4.—A *susceptibility* of impression, or a capability of being influenced by external causes.

5.—*Mobility*, or a power of *spontaneous* motion, commonly called *action*.

6.—A power of *growth*, or enlargement; and, lastly,

7.—A power of *reproduction*, by which, though the individual perishes, the species is preserved and perpetuated.

These properties belong equally to plants as to animals. They have been lately termed *organic functions*, or the functions of *organic life*; which designation, however, appears objectionable, as implying that they are the result of *structure*, or *organization*, merely. They might

be more properly called *general vital properties*, as those that are confined to animals may be denominated *special*. I shall now proceed to speak of them somewhat more in detail.

1.—*Of the Chemical Composition of living Beings in general.*

The chemical composition of living beings is very different from that of common, or inanimate matter of any kind; the *elements*, however, are the same; oxygen, hydrogen, and carbon, with, in some cases, azote and phosphorus, constitute all that is essential to the composition of living beings; but each of these elements exists abundantly elsewhere. The difference between living and common matter consists, merely, in the *number* of the elements present, their *proportions* and manner of *combination*. As long as life lasts the composition is preserved, but when life ceases the tie that unites them in such modes of combination is dissolved. Sooner or later, according to circumstances, the elements again separate, and assume the form of common matter. Such as are *volatile* escape, singly or combined, into the surrounding atmosphere; the *fixed* remain behind, and constitute but a small part of the general mass; a little earth, and a very small portion of saline matter only, being found after the entire decay of an animal or vegetable body.

2.—*Of the Structure, or Organization of living Beings.*

The second property that serves to distinguish living from common matter, is a peculiar texture or arrangement of parts, which is termed *structure*, or *organization*. This is in general sufficiently obvious on inspection, yet not easy to be defined. It may be said, however, to be *fibrous* and often *tubular*, with cellular interstices; the tubes, or vessels, as they are called, containing a variety of fluids, which are kept in motion, often in a circle, chiefly by the contractions of the vessels in which they are lodged. In various living beings, however, and in the rudiments of all, no distinct arrangement of parts is discoverable by the eye, though this is by no means a proof of a want of organization, but rather of our limited faculty of observation. The changes which they undergo (the egg, for instance) do not allow the supposition that they are homogeneous. We may, with reason, ascribe our not being able to distinguish their structure to the extreme subtility of the fibres.

The *structure* or *organization* may remain, to all appearance, perfect, long after life has ceased; as is observed in various plants and animals, which, when placed in certain circumstances, continue unaltered in structure for months and years, though deprived of life. We have no reason to say, therefore, that life consists in *organization*, but in a principle superadded to this. Again, we find that living beings are deprived of life by means which do not apparently affect the structure; and from this we might infer, that structure is not the cause of life. Structure may exist without life; but life puts the structure into action.

Life, however, is never manifested, but in connexion with a certain structure; and it disappears whenever the structure is entirely destroyed; hence there appears a necessary connexion and dependance between them. This is further probable from the fact, that the vital properties are always observed to be modified and determined by the structure. Thus, every different organ, while it is peculiarly constructed, has its peculiar mode both of feeling and acting. The liver, for example, does not secrete urine; nor the kidneys, bile; because the necessary structure is wanting. The eye is not sensible to the same impressions as the ear, and for a similar reason. Even in diseases, when the structure of a part is altered, the vital phenomena are different. For example, if the liver be diseased, the action of the organ undergoes a change, and the bile that is formed is not healthy. These facts, it must be allowed, prove that structure has a very important influence upon life. They do not, however, go so far as to show, that structure is the cause of life, but merely that there is a connexion between them.

3.—*Of the Preservative Property of Life.*

The property of self-preservation is another of the characteristic properties of life, and shows itself by a resistance to the influence of various external agents; as *heat* and *cold*, fermentation, putrefaction, &c. which act readily upon dead matter. A living being preserves its temperature, to a great degree, under opposing circumstances. Animals do not readily acquire the temperature of a heated atmosphere, nor of a cold one; but preserve, in such circumstances, that degree of heat which is natural to them. Thus the human body is very nearly of the same degree of heat in winter as in summer,—in hot as in cold climates. An egg resists freezing for a long while, though placed in the coldest medium: that is, as long as its living principle remains. Deprive

it of this by an electric shock, or by destroying its texture by mechanical violence or by agitation, or by previously subjecting it to any extreme of temperature, it no longer resists the application of heat or cold, but obeys the common laws of inanimate matter. Saccharine matters, which in common circumstances readily undergo fermentation, suffer no such change in the stomach of living animals while they are in health. Putrefaction of animal substances also ceases to go on, in the same situation. A living egg remains in the midst of a mass of putrefying animal and vegetable matters; but deprive it of life, by any of the above mentioned means, and it immediately hastens to decomposition and decay. It is thus, also, that our bodies often resist various causes of disease—as contagion, and heat and cold, without being disordered by them. This power of resistance, however, has its limits; and is not sufficient at all times to guard us against the approach of disease.

When, by disease, the *vital powers* become greatly reduced, either in the whole body or in particular parts, the body becomes in consequence less able to resist the influence of other agents. Thus it is, that vegetable matters undergo fermentation in weak stomachs; and, in this way, acidity of stomach is produced. Thus also, the body, when weak, is more susceptible of the influence of *miasmata* and *contagion*; that is, its powers of resistance are diminished, by the diminution of vital power.

At my next lecture, gentlemen, I shall speak of the other characteristic properties of life.

LECTURES

ON SOME

PRACTICAL POINTS OF SURGERY,

DELIVERED TO THE

Students of the late Borough Dispensary,

BY MR. ALCOCK.

LECTURE II.

Gentlemen,

At our last meeting I made some observations on the more common defects in medical education: the subject of the present lecture, is the *Investigation of disease.*

In addressing you as friends and fellow-students, I show you the confidence I place in your zeal for professional knowledge, by my consciousness of how much I must trust to your indulgence in whatever relates to the *manner* of communicating that information which I hope to render useful to you. Actively engaged from early life in the duties of the profession to which I am devoted, my leisure moments have been chiefly directed to obviate the recurrence of those anxieties, which every surgeon must occasionally experience, by the careful observation of disease and its consequences; by some reading, and not a little reflection. Thus circumstanced, the occasions for delivering my sentiments in public have been few, and my inclination to make use of them still less frequent.

A living author, whose perseverance and successful exertion to extend the science, and improve the practice of surgery, entitle him to the gratitude of the community, has observed:

"If we go into a court of law, we see the bench occupied by the learned judges; before them are counsel skilled in the law, and a jury of twelve honest men, to hold the balance betwixt the severity of the law and the weakness of human nature. What are they met to decide? Perhaps a matter of money or of succession. Even if it should be a criminal court, what a contrast have we with the situation of the surgeon, on whose single decision the life of a fellow-creature depends, one, perhaps, bearing all the relationships of society; having all the ties which bind a man to existence, and the virtues which make his life dear. The surgeon cannot lean upon the judgment of others, nor say, for this the wisdom of the legislature has provided. He has to examine an evidence often strangely perverted; he must judge, unaided by friendly counsel; and, to determine upon what is right to be done, when the life of a friend hangs on the issue, and where the execution depends on his own dexterity, is a thing of the greatest difficulty."

Arduous as the performance of operations may be, the judgment required to decide on the propriety of operations is equally important; since however skilful an operator may be, if an operation be performed without necessity, it is a dreadful infliction:—if neglected when necessary, the patient's life may pay the forfeit. That the medical profession must be a blessing or a curse, according to the endowments or ignorance of those who undertake its duties, must be sufficiently obvious.

In pointing out some of the prominent

defects of medical and surgical education my object is not to discourage you, or to diminish your zeal; he who has not had occasion to regret time and application misspent, must indeed be a fortunate student; but since the past cannot be recalled, let the future occupy your care and stimulate you to persevering exertions, which, if properly directed, must be crowned with success.

Medical and surgical knowledge forms a part, and but a part, of intellectual education. Perhaps the degree of preparedness of the pupil has not been sufficiently attended to in the attempt to convey instruction: hence many valuable observations are lost to the student, from his inability to follow the ideas of the teacher, who may happen to employ terms with the strict signification of which the student is unacquainted.

To insure the greatest progress in the least time, the instruction of each student should be adapted to his previous acquirements; hence, the usual arrangement of lectures, delivered alike to the advanced student and to the uninitiated, is equally disadvantageous to both. What interest can the advanced student take in the definition of such elementary terms as *organs, functions*, and the like, with which he either is or ought to be perfectly familiar? and what idea can the uninitiated student affix to such terms as "*derangement of the cerebral functions*," "*disorder of the digestive organs*," "*disorder of the chylopoietic viscera*;" and many others, unless they be explained to him? Unfortunately not only anatomists and physiologists, but physicians and surgeons have indulged in a strange propensity to mysteriousness;—one might really suppose, instead of the simplification and diffusion of useful knowledge, that the object was how to render its attainment as intricate and difficult as possible.

On the subject of lectures, I believe the value of them is greatly overrated; for unless they be demonstrative, the information may be much more extensively diffused by the press; and I need not tell you that a discourse which should occupy an hour might be much more closely studied, if printed, and deliberately perused and meditated upon in the closet. Demonstrative lectures cannot be superseded by reading. To attempt to learn by lectures only is idle and unprofitable; take them as guides to direct your observation, your reading, your meditation; but to suppose that the mere listening to lectures should confer excellence, would not be less futile than for a traveller to bestride a guide-post and vainly expect that it should, without effort on his part, convey him to the destination to which it points. But, gentlemen, do not let me be misunderstoood, nor lead you to suppose that lectures are incapable of affording instruction; if a teacher has successfully laboured to cultivate any department of art or science, and faithfully communicate the results of his experience, much valuable knowlege may be gained,—many of the causes of failure and discomfiture be averted.

It has been observed, "There exists a vast treasure of facts, which the observation and experience of mankind have accumulated; it is the business of education to communicate a knowledge of these facts; and it is in the power of an able teacher to communicate in an hour what it required the labour of years to acquire; to show at once results which were not obtained without the most complicated and skilful processes, and to exhibit those results free from the obscurity, imperfection, and error, in which they were at first involved, and for the removal of which the calm and persevering attention of the most powerful minds was necessary. Education feeds the infancy of succeeding minds with the fruits produced by the strength of the maturity of those that preceded: whence the former not only acquire an earlier and greater vigour, but start forward in their career from the point at which their predecessors stopped, with the acuteness of the youthful sense and the ardour inspired by the feeling of the freshness and energy of their powers."

Previously to entering upon the method of investigating disease, I must beg leave to point out to you the value of recording facts and observations relating to your profession.

No man ever became a great improver of the healing art who trusted to mere recollection, without recording the more important facts and observations which occurred to him in the course of his profession.

From Hippocrates to Harvey,—from Harvey to Hunter, and down to the living ornaments of the present age, no one has ever obtained more than an ephemeral reputation, unless by contributions to the accumulated records of useful knowledge. Many illustrious names might be cited of those who by their example and precept have contributed to the advancement of science and the good of mankind.

The investigation of disease is no simple process;—nay, to the uninitiated it is impracticable. It requires a foundation in accurate elementary knowledge drawn

from various sources, but more particularly from the structures and functions of the human body.

It is a privilege sometimes conceded to a lecturer, to suppose his hearers unacquainted with the matter on which he treats, that he may proceed by a connected series of propositions or demonstrations to exhibit a comprehensive view of the subject; but on this occasion I set out on the opposite principle, and presume that even my younger friends already possess at least a general knowledge of the structure and functions of the human body, without which, to understand the nature and variety of disease is as impracticable as it would be to read without a knowledge of the alphabet. I not only assume that this general knowledge is already attained, but that many of you are conversant with the most frequent forms of disease. Whilst, however, I am desirous to render these Lectures sufficiently elementary to direct the attention of the junior student, I should be doing injustice to those more advanced, and to the distinguished visiters who honour me with their presence, were I not to point out some of those relations between cause and effect, so little apparent as to be frequently overlooked, although the life of the unfortunate and confiding sufferer pay the forfeit of the oversight.

If HEALTH consist in the due accordance of the materials of which the body is composed, and in the due relation of the offices or functions of the various parts to each other, it will be obvious that the condition of the body in a state of health, must be well understood as a standard, before we can rationally proceed to trace the deviations from it, which we call DISEASE.

To investigate disease, two operations of the mind are necessary: 1st, To observe and arrange the facts of any given case; 2d, To examine and compare the facts, when ascertained, until careful induction afford the rational indications for remedial treatment.

From what has been already observed, it will be apparent, that a competent knowledge of the structure and functions of the human body in its healthy state, is indispensably necessary to the knowledge of diseases. Simple and self-evident as this axiom may appear, the neglect of it may be traced in almost all the numerous errors in the practice of medicine and surgery which, unfortunately, may be so often witnessed. A man who should attempt to correct a complicated arithmetical computation, without previous acquaintance with the value and relation of figures, would be scouted for his folly and presumption, whilst it is to be feared, "the mystery of physic" frequently conceals folly and presumption, which would be equally glaring, if submitted to the test of science and of reason.

But however qualified the student may be in elementary and scientific attainments, the investigation of disease is often rendered extremely difficult by the imperfect and sometimes false accounts which patients give of the symptoms and progress of their illness. The simulation of fits, for the purpose of extorting charity, or of obtaining discharge from public service, is no uncommon artifice; whilst in cases of syphilis, pregnancy, &c. there is often the most steady denial of facts. But the wilful deception thus glanced a is not all the difficulty; for it happens continually, that others who have no actual intention to deceive the medical men to whom they refer, are yet so far misled by their prejudices, their wishes, or their fears, that they give a false colouring to their statements, calculated to mislead any one who does not strictly examine in what degree they accord with the circumstances which present themselves.

Although the accurate observation of facts will be found a most essential part of the investigation of disease, yet much more is necessary to arrive at just conclusions. It is far more difficult to trace effects to their causes, than to observe facts presented to our senses. The effects are frequently obvious, whilst the causes can only be learned by a series of inductions which cannot be made, unless the mind of the observer be previously stored with the requisite scientific and general knowledge, to which should be added that of mankind.

In the diseases of the poor, the causes will be often found in the nature of their employment, which mere medicine can do next to nothing to abate, although the noxious cause may admit of easy correction, by a moderate share of science adapted to the existing circumstances. On the other hand, in the higher classes of society, the mind exerts almost as decided an influence over disease as the particular employments, situations, &c. exert upon the poor.

The investigation of disease will be much facilitated by the adoption of a certain order and method, which shall prevent the omission of any essential circumstance in that sort of analysis of all the

principal organs of the living body, and of the functions which they perform, which may, as far as the present extent of science will permit, enable the student or practitioner to ascertain any existing deviation from health.

It may be observed, that to the student who has yet to acquire precise knowledge of disease, a much more minute and extended analysis will be necessary, than may be required for the experienced physician or surgeon to determine the nature of the disease, and the appropriate treatment. But though I am aware that it must be impracticable to investigate thus completely and methodically the numerous cases which are prescribed for in actual and extensive practice, yet I have experienced so much satisfaction from the sedulous examination of intricate instances of disease, regardless of the time which such examination might require, that I cannot too strongly inculcate such a procedure; as it has often produced a degree of certainty respecting the nature and extent of the disease which I should never have been able to attain by hasty common-place inquiry; and further, the advantage to the patient has been so considerable, as amply to outweigh any sacrifice of time, which might have been more lucratively employed.

I may observe, that in the surgical practice of this Institution (the Borough Dispensary) I have considered it a duty, from which I have in no instance deviated, to make written notes of every case which has come under my treatment. I have done so on two grounds, 1st, That I believe it beneficial to the patients in enabling the surgeon to review the history and treatment at any period of the disease, which can only be done very imperfectly when all is trusted to memory; and, 2dly, To add example to precept in encouraging you to exert your utmost diligence for the welfare of those unfortunates, however humble their station in life, who may become the objects of your professional care.

Even when the disease is of such a nature as not to be removed by any remedial means at present known, it will prove consolatory to be aware that the fatal termination may often be long averted by judicious palliative treatment, whilst a just prognosis is the only safeguard to the reputation of the physician or surgeon, who is called upon to treat irremediable disease.

The plan which I have adopted has been, first, to learn, as far as the patient or friends could inform me, the history of the disease from its commencement to the time of observation; secondly, to examine carefully the present state of the patient, and if any doubt remained in my mind respecting the nature or extent of the disease, to retrace the examination of each organ that appeared to have had any share in the malady, to the period of the first deviation from health.

The peculiar habits and mode of life form important considerations, and may be more pointedly investigated after the symptoms have been ascertained than before, as particular symptoms frequently lead to the detection of errors in general management, which might otherwise escape notice.

Having satisfied myself, as far as may be practicable, of the symptoms, the question occurs, What organ or organs are affected? What is the nature of the disease? If more than one organ be affected, what part was originally deranged, and what secondarily or dependent upon the first? With what other diseases is it likely to be confounded? Hence the *diagnosis*.

These necessarily lead to the further inquiries, Is the disease in its nature remediable or not? What is likely to be the further progress? Hence the *prognosis*, By what means can the disease be arrested or removed? In this consideration the general circumstances should be first determined, comprising diet, exercise or rest, clothing, temperature, &c.; and these are at least as important, if not more so, than the treatment by medicine only. These being arranged, the strictly medical or surgical *treatment* follows.

The student should not content himself, if he happen to have the charge of a patient, by ordering a farrago of stuff from a *vade mecum*, or other compilation, but should reflect upon the indications of treatment, and determine how they can be best carried into effect. Above all, do not let him deserve the sarcasm attributed to the late Dr. Gregory, too often merited, that "it is easier to prescribe than to think."

I have found printed forms, containing blank spaces to be filled up with the data above alluded to, a great convenience, as they confine the attention to the particular point under inquiry. See the following Table:—

TABLE I.

TABLE I.—Diseases of Adults.

(1) Date 18

Name (2) Age (3)

Occupation (4)

Residence (5)

History (6)

Assigned cause (7)

General Observations (8)

Person (9)

Mode of living (10)

Previous diseases

Present State (11)

Position (12)

Countenance (13)

Eyes (14)

Skin (15)

Tongue (16)

Appetite (17)

Bowels (18)

Biliary secretion (19)

Urine (20)

Respiration (21)

Full inspiration (22)

Voice (23)

Cough (24)

Expectoration (25)

Circulation (26)

Pulse (27)

Local determination (28)

Senses (29)

State of mind (30)

Sleep (31)

Idiosyncracies (32)

Examination of the regions of the body, &c. (33)

Other symptoms (34)

General Directions (37)

Diet, &c.

Treatment (38)

Prognosis.

Observations relating to the Sexes (35)

In the Male,

Symptoms, or peculiarities.

In the Female,

Uterine functions, &c.

Menstruation

Period at which menstruation first took place

Period of cessation, if arrived or past

If married, the number of pregnancies

Number of births at full period

Number of abortions

Whether children suckled by mother

State of the mammæ

Other symptoms.

Reasonings and Inductions (36)

What is the affected organ?

Are more organs than one implicated?

If more than one, what are the *essential* and what the *accidental* circumstances?

Can the cause of the disease be traced?

What functions are deranged?

What is the nature of the disease?

Is there any derangement of structure?

To what other diseases does the present bear analogy, so as to endanger error?

What are the grounds of diagnosis?

——————— of prognosis?

Is the disease remediable?

What are the indications of treatment?

By what means can these indications be fulfilled?

The figures annexed to the first column refer to explanations of the principal circumstances to be observed by the student in his investigation of disease at the bedside of the patient; but as they are published in my Essay on the Education and Duties of the general Practitioner in Medicine and Surgery, I shall not detain you to repeat them.

Should you be disposed to inquire whether so full an inquiry appertain to the surgical treatment of disease, I have before stated my opinion, that to whatever department of medical science any individual may limit his practice, he cannot do justice to his patient, unless he be competent to take a comprehensive view of the entire circumstances that may lead to a rational and judicious treatment; and who could for a moment suppose a practitioner entitled to the confidence of his patient, who should not deem it necessary to ascertain, as perfectly as possible, the circumstances on which his treatment, if rational, must be founded. I could adduce numerous instances of fatal mistakes, which might have been in all human probability avoided by a more effective investigation of the nature and extent of the diseases under which the unfortunate patients laboured; but I prefer exhorting you to that severe and strict examination of every case which may fall under your care, which may lead you to avoid error and adopt the most efficacious means of relief which the present state of medical and surgical science affords.

In cases in which obstruction of the air passages may seem to render it necessary to perform the operation of laryngotomy, or tracheotomy, it is of the utmost importance, not only to the reputation of the surgeon, but even to the life of the patient, to determine whether the difficulty of respiration depends upon mechanical obstruction of the larynx, or upper part of the trachea, or whether the obstruction arise from the filling up of the bronchia by fluid or viscid secretion.

I have known a female patient, labouring under obstruction of the bowels, with evident symptoms of inflammation, on being questioned whether there was any swelling about the groin, or whether she had ever been subject to rupture, deny the fact; yet the surgeon, confident that the urgent symptoms under which she laboured, could not take place without adequate cause, urged the necessity for examination, and, on its being reluctantly submitted to, immediately discovered a small femoral hernia.

In all cases of obstruction of the bowels, let the practitioner be on his guard not to overlook hernia if it exist. Many patients have been doomed to untimely graves from the cause of the obstruction being hernia, whilst drastic purges have been administered to overcome what was considered mere constipation or colic, without ever dreaming that the constipation, vomiting, and other distressing symptoms, depended upon hernia in a state of strangulation.

In severe accidents and injuries, such as fracture of the cranium, compound fracture of a limb, &c. it is by no means sufficient for the surgeon merely to ascertain the extent of local injury—no! he must be able not only to take a comprehensive view of the condition of every important organ, but also be able to trace the first deviation from the healthy standard—to watch and check the first rising of inflammation, whether it affect the sensorium, the chest, or the abdominal viscera.

In one of those hospitals which the disinterested Examiners point out as, *par excellence*, the only source of sound chirurgical knowledge which shall entitle a candidate to examination, a patient, labouring under a compound fracture of the leg, became delirious in the night; the apothecary saw him, and ordered a *castor bolus*, &c. the use of which was subsequently continued by the direction of the surgeon; the injury inflicted on the fractured limb during the delirium was succeeded by amputation; the unfortunate patient died; but judging from the treatment, it does not seem that either of these gentlemen was aware that the delirium might depend upon inflammation of the brain or its membranes.

It is not merely on the extent of local injury that the judgment of the surgeon must be formed; in such accidents and injuries as compound fractures, &c. a more comprehensive investigation becomes indispensable, and the inductions drawn from the state of the general health, in conjunction with that of the diseased or injured part, enable the surgeon to arrive at a just conclusion whether the limb may be saved, or must be sacrificed to preserve the life of the sufferer.

ST. GEORGE'S HOSPITAL.*

The presiding genii of this Institution have at length put forth a manifesto, no less remarkable for the elegance of its composition than for the purity of the quarter from which it emanated; nor abounding more with cant and hypocrisy than with impudent misstatements and low and pitiful evasions. All this we anticipated. Nothing, indeed, can be more absurd than to suppose, that the Weekly Board of St. George's Hospital, constituted as it is, of little intellectual capacity, and controlled by the paramount authority of what is called "The Medical Interest," could have terminated their sittings in any other way than by coming to the notable conclusion of Mawworm, that "it's all a lie;" and that, contrary to the assertions of Diemerbroek and Mead, Hospitals are conducted with a world of humanity and charitable disinterest. Such a flock of animals as a Weekly Board, with a Welsh parson, dependant on the Hospital, for their Chairman, are not always the most competent judges of what is done by their *superiors*, whose actions must constitute the only certain criterion and the standard from which alone their pretensions can and must be estimated. It was manifestly absurd to expect that the delinquencies of a surgeon, (a killing-man) at another Hospital, should have been *believed* by a parcel of dependants, inferior tradespeople, colleagues in office, young aspirants for office, and poor superannuated creatures who either constitute the *majority* (for they *sometimes* divide) of a Weekly Board upon all occasions, or at the beck of those whom they foolishly suppose their servants, hasten to swell the notes of triumph which as a sort of *requiem* have not unfrequently proclaimed the death of some wretched fellow-creature at the hands of imbecility and ignorance. As generally constituted there is not less of honesty in Pandemonium than in these Boards. Not that we have not observed some splendid instances to the contrary,* but unfortunately it most commonly happens that those who give their money, from *real* motives of charity, seldom superintend or control its expenditure. The votaries of fashion

* Report of the Weekly Board respecting certain charges brought against St. George's Hospital; post 8vo. pp. 40.

* Lord Robert Seymour, for instance occasionally takes the chair at the Middlesex Hospital, whose Weekly Board may vie with any club of night-constables in the kingdom. (Fortunately, however, Mr. Rawlinson, the magistrate, is pretty regular in his attendance.) It is a fact that these wiseacres had poor Lord Portsmouth as an occasional Chairman up to the issuing of his commission, without discovering him to be insane—nay, they did not even perceive (for how should *they*) any thing odd in his demeanour, for their secretary, being asked by the commission how his Lordship filled the chair, replied "he behaved tolerably well, as well as our Chairmen usually do." Now if poor Lord P. were not *insane* at that time, he was at least an *idiot*, and yet the secretary says he behaved as well as Chairmen of that Board were wont to do! We have not heard whether his Lordship has taken the chair lately, but that can make no difference, as his place may be so well filled by some one of the herd which formerly sat around him. These *artists* have (at a cost of five and twenty pounds) erected a monument in the Board-room, to record the munificence of Lord Robert Seymour, at which the *good-natured* nobleman is said to be much pleased. However this may be, he has a fine view of it whenever he strolls thither to take the chair. We should have thought that giving his Lordship's name to a ward in the Hospital would have been sufficient in itself to perpetuate the memory of that *great* man; it seems not, however, or why should the Weekly Board of the Hospital spend 25 pounds upon an ugly and stupid monument! This is a piece of folly deserving the lash.

the man of the world and of business, and charitable females, are otherwise engaged or cannot attend, and it is left to mercenary and ignorant parties to act in their stead. If in these assemblies an individual deviate from the established routine, he is sure to raise up a host of adversaries, and, if the "murder will out," opposition is envy, and he is out-voted by a packed and hackneyed majority. Why will not some persons of rank, station, and character endeavour to suppress this odious and detestable system—to remove this loathsome and filthy disease, by which the fair form of charity is disfigured? Let them begin the work of reform by banishing the medical men (as well as those servants of their establishments who are *directly* paid) from their councils, and we are much mistaken, if the Hospitals over which they preside will not be rendered more than *nominally* charitable institutions, and less entitled to the appellation of houses of mourning, or thoroughfares *ad Orcos*.

But we must hasten to the pamphlet, which, it seems, "is drawn up for the *information* of the governors and subscribers in general," touching the deaths of four individuals in St. George's Hospital—James Wheeler, John Hammond, Nicholas Dawkins, and Daniel Taylor; healthy men, who died of diseases not usually mortal, the primary affection of the first being cough; of the second, a slight wound; of the third, a fractured leg; of the fourth, a slight wound. Of two of these cases we have already published the full particulars,* to some of which we shall have occasion to recur in commenting on the performance of this "Weekly Board," who are anxious to betray the same enlightened minds as their brethren of the Middlesex.

"The Weekly Board (we quote their own words) do not flatter themselves that they have at all times been able to avoid error; but they appeal to the public at large, whether any instance of such errors has come to their knowledge which, if reported to the Weekly Board, has not been immediately redressed?"

It would appear, from this sentence, that the Weekly Board are often in error without knowing it, and that as soon as they "come to a knowledge" of what they are doing they set their faces some other way. As to "an *instance* of such errors" being *redressed*, we do not see how that is possible, except it mean that when an "instance of error" was found in the person of dead James Wheeler, the body was immediately *redressed* by their undertakers. What redress can poor James Wheeler and John Hammond, or the numerous persons who died from the high operation of lithotomy, receive from this "Weekly Board" other than this? Thus it would appear the Weekly Board have discovered that there is no error which may not be redressed, and are come to talk coolly of compensation to *dead men*. Hitherto it had always been held that nothing could compensate a man for the loss of life, for "what is all the world if he lose his own soul;" but either this position must be abandoned, as untenable, or the Governors of St. George's Hospital cannot gratify themselves by "*redressing* certain instances of error," which are but too common in that Institution.

It is a custom, it seems, with this Weekly Board, to perambulate the wards of the Hospital once a quarter, in order to "prevent and detect abuses." On such occasions we are to believe they have found every thing in apple-pie order; the patients comfortable, nay, happy "not only contented, but grateful." Not *only* contented, but *grateful!* (What

* Hammond's case, vol. vii. p. 227 et seq., and 340 &c.; Wheeler's, vol. viii. p. 113 &c., 129 &c.

a little Elysium is St. George's Hospital!)* Supposing, however, all this to be true, (which it manifestly is not,) it is no answer to the present question, viz. whether Wheeler and Hammond were neglected and ill-treated, or whether they died in the usual manner, by the uncontrollable agency of disease, or how otherwise. To this question we shall now proceed, commencing with the case of *James Wheeler*.

"The first case to which the Weekly Board have to advert, is that of *James Wheeler*, who died in St. George's Hospital, on the 27th of last February, and on whom a Coroner's Jury was held, on the 3d day of March following, which returned a verdict "*That he died from the accidentally opening an artery in the arm, and from the want of proper attention.*" The facts of this case are as follow:—The man applied at the Hospital with an out-patient's letter on Wednesday the 23d of February. He was suffering from inflammation of the lungs, and was seen by Dr. Chambers, who prescribed such medicines as he thought proper for him, and directed him to be bled. This was done by one of the dressers, *and the vein which was opened lying over the artery*, (good God! to bleed over the artery!) *the latter was unfortunately wounded by the operation.** The accident was immediately reported to the House Surgeon, (Mr. Cowell,) who stopped the bleeding by the application of a bandage, and directed the man to remain in the Hospital, where, in case of its return, immediate attention could be paid him."—*Report of the Board*, pp. 3, 4, 5.

The man died on the 27th of February, having lived four days from the wounding of the artery.

The Weekly Board continues—

"With regard to the state of the arm, a *small tumour* was formed under the tendinous expansion covering the wounded artery, from a *little* blood having been effused into the cellular substance. Prior to the man's death this tumour had attained the bulk of a *common hazel nut*, and was accompanied by a slight degree of redness or inflammation of the skin. p. 5.

On the day after the patient's death, the body was opened in the presence of several of the medical officers (no names) and of a considerable number of the pupils, *very extensive inflammation was found along the whole course of the bronchial lining of the lungs*, (a very common effect of remote irritation,) fully sufficient to

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* If the patients in St. George's Hospital be contented, does it therefore follow that they are *properly treated?* We can readily imagine that some Irish labourer might have been content with the dirty sheets of poor Hammond, but would such content avail? If patients are content with the medical treatment, whatever it may be, it is a proof of their ignorance, and nothing more. That some patients in hospitals may be properly treated, we do not deny, but that others are killed, we as positively assert. Some poor creatures, no doubt, are contented and grateful for what ought not to have been done, and others, in whom the operations of nature have not been interrupted by the Doctors, may have good cause to be grateful for being left to themselves. It is one thing to express gratitude, and another to feel it; and, as far as our observations of hospital patients have gone, it passes with them as a sort of compliment, or innocent lie, that does neither good nor harm. The public have nothing to do but to form their opinions of the Weekly Board from their printed report.

* "Where patients are ordered to be bled, that operation is performed in St. George's, as in other hospitals, by the dressers, and it is right to mention, that the gentleman who bled Wheeler was one of the *most diligent and best informed students of the Hospital*, (a rare model of education truly!) He states, and his statement is confirmed by a person who was present, that the patient suddenly jerked forward his arm at the instant of his being bled, so as to cause the lancet to penetrate deeper than had been intended."

What a cold-blooded attempt to cast blame on the dead patient! Think ye, Messieurs of the Weekly Board, such conduct will avail? Do ye suppose your stating it, will induce any man in his senses to believe that Wheeler "jerked *forward* his arm" to meet the point of the lancet, whilst all other persons, if liberty of motion be allowed, invariably draw it back? Further, if this *young* gentleman be so very clever, for what reason have ye published *a fictitious name?!*

account for the man's death. An incision was then made over the fore part of the bend of the arm, and a considerable portion of the skin, including that from which the point of the lancet had passed, as well as the artery, the vein, and aneurismal tumour, were cut out for the purpose of examining the wound of the artery, and its relative situation to other parts." pp. 5, 6.

"The above," continues the accused party, "is a plain statement of the circumstances which led to or accompanied this man's death; in producing which the wound of the artery had most unquestionably no share whatever, *unless*, by alarming the poor man's mind, it may have tended to aggravate the disease of the lungs."—pp. 5, 6.

"Mr. Jeffreys," says the Weekly Board, "to whom the surgical care of the case belonged, saw the man on the second day after the accident, (25th Feb.) and on each of the two succeeding days. Mr. Keate and Mr. Brodie were consulted on the 25th; and all coincided in the opinion that there being nothing urgent in the state of the artery, (God help us!) the danger apprehended by the physician from the disease of the lungs rendered an operation for securing it at that time inadmissible."—p. 4.

Again, speaking of the accident, the Weekly Board informs us, that arteries are not often opened by the phlebotomists of St. George's Hospital; but in order to excuse the ignorance of their notably clever dresser, they must add, "that within the last seven or eight years they have received into the Hospital five such cases, (*probably the dresser was an apprentice in the neighbourhood,*) where the accident (*accident!*) had happened in the hands of private practitioners. All these were cured by a simple operation, viz. securing the artery; and in none of them was any alarm felt as to the result."

So that, because the dresser who has so effectually opened an artery for the Governors of St. George's Hospital, or some ignorant practitioner or his apprentice may have performed the same operation about once a year, and because such patients were cured by a subsequent operation, to wit, "*securing the artery by a ligature*," *therefore the putting a tight bandage on Wheeler's* arm was a simple operation, not likely "to create any alarm." Again, it may be inquired *why* "the operation for securing the artery was rendered inadmissible." Supposing some affection of the lungs to have existed at the time, surely the constitutional irritation from the "*simple operation of securing the artery by a ligature*" should not occasion so much "alarm for the result," as putting a tight bandage on a man's arm, and by that means preventing the transmission of blood through the arteries as well as the return of what might have been collected in the veins, and at the same time paralysing the nerves. Messrs. Keate, Brodie and Jeffreys, it would seem coincided in opinion that there was "nothing urgent in the state of the artery," by which, if we are to believe the "Weekly Board," we must conclude that the limb was too tightly bandaged to admit of the transit of blood through the vessel, and that thus, by consequence, there could be no danger of hæmorrhage. It is neither so plain, however, that the limb was not endangered by this process, nor that it did not inflame and mortify. Indeed, we have the evidence of Mr. Richardson, the surgeon, (whom this "Weekly Board" for *some* reason or other have dubbed an "apothecary,") that the bandage actually produced the result in question, and thus, as he judges, (and HE could not be interested,) killed the patient. "I saw," says he, "that mortification in the arm had ensued." It is true, the Board attempts to invalidate his testimony, by "the supposition that his examination had been extraordinarily careless." But of this there is no proof, and the weight of evidence is in his favour. "He *mig t*," quoths the junta at St. George's, "have *mistaken* a little blood effused into the cellular membrane, for mortification," and it is just as

charitable to suppose that their dresser might have mistaken the artery for a vein, or that their surgeons might equally affect to mistake the cause of a man's death, in which, in some degree or other, their characters were and are still involved.

"Of the *want of proper attention*," says the Weekly Board, "which is the last part of the verdict, not a single particle of evidence, direct or indirect, appears." And certainly, if this expression of the verdict be not meant to apply to the non-removal of the tight bandage, or tying of the artery, the Board have a point not worth quibbling about in their favour. We are afraid, however, that the meaning is too obvious.

Thus, as far as relates to the case of Wheeler, we maintain,

1st, That inflammation of the lungs, if properly treated, very rarely proves fatal.

2dly. That it is a law of the animal economy, that when a commotion is raised in the system, the weaker parts are first attacked, or if any organ be previously affected slightly, that such affection will be increased; from which it would appear the tight bandage aggravated or produced the disease of the bronchia.

3dly. That the poor patient's excited state of mind tended to increase the affection of the lungs.

4thly. That from the statements of the accused parties, it is proved that the *bandage was unusually tight*, or the aneurismal tumour would have been *much larger than* "*a common hazel nut.*"

5thly. That the evidence of Mr. Richardson is decisive of the point, "*That mortification in the middle of the arm* (at least) *had ensued.*"*

6thly. That the evidence of *Eggleton* and the patient's wife, however serious, has not been refuted.

Lastly. That the evidence of Mr. Cowell, the House Surgeon, goes to prove that the primary cause of the man's death was the operation of arteriotomy, performed by a dresser of St. George's Hospital. He *swears* that the patient died "*From the joint causes of inflammation of the lungs, and the irritation caused by the wound in the arm*;" and it has been already shown, that the excitement caused by the accident, and the particular mode of practice employed on the occasion, was fully sufficient to occasion the appearances which are said to have been found in the bronchia. Thus it has been proved, upon the premises chosen by themselves, that "The Weekly Board of St. George's Hospital" can neither justify bleeding over an artery, nor the application of tight bandages to the extremities, since one man has died under the joint influence of both modes of practice, and another, as we shall show in our next Number, from the latter alone. The Board have stated, that they do not wish to "give to this document the appearance of an attempt at *recrimination*," from which it would appear they consider themselves the injured party, although we confess they so often leave us to grope for their meaning, that we do not know if we have stumbled upon it in the present instance. If this "Weekly Board" be fond of repeating experiments, they may *re-criminate*, provided they can find people to undergo the operation! After the specimens of inconsistent misrepresentations which we have extracted, no one of course will suppose that such an illiterate and ignorant production as the present should have emanated from the surgeons of St. George's Hospital. If, however, in this wicked world, there be any so uncharitably disposed, we cannot help it. Were we of that opinion, of course we should loudly condemn a proceeding which would be nearly analogous

* See the depositions.

to trying a culprit at the Old Bailey by a jury of his associates in crime. At another hospital, however, such a trick has been notoriously resorted to, in order to draw off the attention of the Governors from the misconduct and imbecility of a man who has grown hoary in his malpractices. The farce was got up, and succeeded; and it is said that one of the most prominent actors has lately been very busy at St. George's Hospital.

COMPLAINTS OF STUDENTS, AND HINTS TO LECTURERS.

We have received several communications, and especially a very sensible Letter signed "Varvicensis," complaining of the conduct of Lecturers in two points of a very different nature, both of which, however, tend very much to the inconvenience and injury of medical students. The first of these is a want of punctuality in commencing Lectures at the appointed hour; the consequence of which is, that a good deal of the student's time is often thrown away, and his arrangements unnecessarily interfered with. We are aware that professional duties sometimes render it impossible for a Lecturer to attend precisely at the appointed hour, but whenever any delay can be foreseen, we think it would be much better to postpone the Lecture, and to give a seasonable notice of the postponement to the class. The other point of which our Correspondents complain, is one which appears to us to be of far greater importance, as it affects the interests of the student, and that is, the practice into which some Lecturers have fallen, of extending their Lectures considerably beyond the accustomed limit of one hour. We are satisfied that oral instruction cannot be profitably extended beyond that time; the powers of attention become exhausted, especially where the student has, perhaps, four or five Lectures to attend in the same day, and the teacher who attempts to spin the yarn of his discourse for half an hour beyond the usual limit will have to address, not merely an inattentive, but too frequently an impatient and disgusted auditory. The worst effect of this practice is, that the students who have paid the greatest attention to the Lecture during a reasonable time, are precisely those who will feel the greatest degree of weariness and exhaustion by its unreasonable protraction.

Sir Astley Cooper, the most popular Lecturer, perhaps, who ever addressed a medical class, managed this matter with admirable judgment and tact. He almost invariably closed the Lecture at the end of the hour, and if the conclusion happened to be abrupt, with reference to the subject he was discussing, he was in the habit of recapitulating such points as might be necessary for its complete elucidation at the commencement of the next Lecture. Nothing could be more striking, and, in some respects, more ludicrous, than the effect of an opposite practice during the last course of Lectures Sir Astley delivered. Mr. Green had a few Lectures to deliver on the Eye, during the absence of Sir Astley, and as he span a yarn an hour and a half long, he was, to use a parliamentary phrase, coughed down by the class. In vain did Mr. Green state with a pathos that ought to have disarmed hostility, that he was only allowed to deliver a certain number of Lectures, and that he could not get through the subject, unless he were permitted to trespass longer than usual upon their time; at the expiration of the hour *ennui* got the better of charity; catarrh became the order of the night, and twanging nostrils, and labour-

ing lungs proclaimed the impatience of the class.

We are afraid that many Lecturers have not as valid an excuse as Mr. Green, for wedging a subject within a given number of Lectures, for there are few who are satisfied with delivering a *single* course of Lectures in the season. We should be sorry to see the example of the Borough Students imitated in other quarters, but we are persuaded that Lecturers will best consult the interests of the students by limiting the duration of each Lecture to one hour. The difference which the strict observance of this rule will make, in respect to the time required for delivering the whole Course, will be but trifling, and ought not to weigh with the teacher in comparison with the interests of his pupils.

MUSEUM AT ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—As you have thought fit to publish a Memorial from Messrs. Key and Bransby Cooper, which contains charges affecting my character, I anticipate, from your boasted impartiality, an insertion of the following reply in an early Number of your Journal.

Yours,

J. H. G.

Lincoln's-inn-fields,
Oct. 20th, 1825.

TO THE GRAND COMMITTEE OF ST. THOMAS'S HOSPITAL.

Gentlemen,

A Memorial has been presented to you by Mr. Charles Aston Key and Mr. Bransby Cooper, importing that I have acted unfairly, and contrary to an express agreement, in withholding the moiety of the Museum from Sir Astley Cooper's Nephews.

If the allegations of the Memorial can be proved untrue, it would be a waste of your time to enter into any discussion of the inferences which the Memorialists may have drawn, on the contrary supposition; and I proceed, therefore, at once to the question of their truth or falsehood. For this purpose I shall quote separately each clause of the Memorial containing the alleged fact that I propose to examine, and place immediately after it the proper comment.

Quot. 1*st.*—"In the year 1792, Sir Astley Cooper was admitted by Mr. Cline, senior, to a share in the "Anatomical Lectures."

At the period when Sir Astley Cooper was admitted a partner with Mr. Cline, the reputation of the school was so great, that more pupils attended his class than that of any preceding or contemporary Lecturer in London. This partnership with Mr. Cline gave to Sir Astley Cooper a character, from which his fame and fortune originated.

Quot. 2*d.*—"Sir Astley Cooper then admitted Mr. Green to half the Anatomical Lectures, Mr. Cline receiving from Mr. Green 1000*l.* for the moiety of the Museum." At another part, "The only person who has derived any pecuniary advantage from the transfer of the property is Mr. Cline, who has received 2000*l.*"

The true statement is, that Sir Astley Cooper, and not Mr. Cline, received 1000*l.* from me for the moiety of the Museum. Mr. Cline, senior, did, indeed, receive 1000*l.* from Sir Astley Cooper at the same time, but it was, as the executor of Mr. Cline, junior, according to articles of agreement. It is upon this transaction that the misrepresentation is founded, that Mr. Cline, senior, received 2000*l.*; the fact being, that he received the last mentioned 1000*l.*, only as an executor; and, according to the terms of the same agreement, Sir Astley Cooper is now entitled to receive 1000*l.* from me. This being paid, Sir Astley Cooper, indeed, will have received 2000*l.*, but Mr. Cline, senior, in his own right, only 1000*l.*

Quot. 3*d.*—"He (Sir Astley Cooper) brought the whole of his own private collection."

Sir Astley Cooper, according to an article of the agreement between Mr. Henry Cline and himself, could not form a *private* collection. It is therein specified, that all preparations made by either party shall be considered a joint property. It is to be observed, also, that Sir Astley Cooper's preparations had been already incorporated with the original collection when I became a partner, and Sir Astley

Cooper, in consideration of 1000*l.*, put me into possession of a moiety of the whole, *without reserve*.

Quot. 4th.—"The collection of preparations, at the period when Sir Astley Cooper was admitted a partner, was very limited. It has since increased two-fold, chiefly by the individual exertions of Sir Astley Cooper."

I am willing to admit that Sir Astley Cooper has augmented the collection of preparations. But the Memorialists ought likewise to have distinctly stated, that numerous other additions had been made, especially by Mr. Henry Cline, whose labours, during twenty years, greatly enriched the collection, and increased the number of preparations; till his rising reputation, unfortunately for the profession of Surgery, was arrested by a premature death. The Memorialists ought, likewise, to have stated, that the original collection had been lessened and deteriorated, principally by the use that Sir Astley Cooper made of the preparations, during the "thirty-three years" that he was a teacher.

Quot. 5th.—"The object of this collection was to illustrate his Lectures on Surgery."

No such object was ever specified, nor can the same be inferred from the use hitherto made of the Museum, the preparations having been used indiscriminately to illustrate the Lectures on Anatomy, as well as those on Surgery.

Quot. 6th.—"Without any remuneration, he finally resigned to Mr. Green and Mr. Key the largest surgical class."

Certainly without any specific gratuity, but not without an *equivalent*. I had assisted Sir Astley Cooper in that course of Lectures, for several years, without any remuneration; I had given a large portion of Sir Astley Cooper's share of the Anatomical Lectures without remuneration, and I had taught in the Dissecting Room during many years, for Sir Astley Cooper's benefit, without remuneration. It was not, therefore, unreasonable, that I should expect some requital for my labours. Therefore, without adverting to the fact, that Sir Astley Cooper had two relations, whom he was anxious that I should assist; and without inquiring whether, in the event of Sir Astley Cooper's retirement, if the interests of Mr. Key and Mr. Green had been in opposition, the claims of Mr. Key were such as to have insured him the support of the Committee, to the exclusion of Mr. Green, I apprehend, that the clause above quoted fails in showing, that I am under any obligations to Sir Astley Cooper for resigning *without remuneration*.

Quot. 7th.—"He (Sir Astley Cooper) gave half of the Anatomical Lectures to Mr. Green."

I had presumed, on the contrary, that I had succeeded Mr. Henry Cline by the election of the Committee of St. Thomas's Hospital, and I certainly should have been surprised, if Sir Astley Cooper had opposed Mr. Cline's nephew. But it so happened, at that juncture, that there was no other person who could have been a candidate: and I apprehend, from the large share of the course which I had given before my election, that Sir Astley Cooper's engagements would not have permitted him to undertake the whole.

Quot. 8th.—"It should be observed that with the history of the morbid preparations, just referred to, Mr. Green is for the most part unacquainted."

Having had the opportunity of hearing Sir Astley Cooper illustrate his Lectures by means of these preparations, I must of course be possessed of all the information which *he* thought necessary to communicate for that purpose. But it is true, that with the history and explanation of many specimens I am at present unacquainted; but I cannot doubt that Sir Astley Cooper's sense of justice will induce him to supply an omission long complained of, and that he will not consider his engagements fulfilled, by delivering to me, in consideration of the sum of 2000*l.*, only the bottles and their contents, without the explanation, which gives them value.

I thus conclude the examination of the first part of the Memorial, and I trust that I have fully shown that Sir Astley Cooper has no ground of accusation against me, or cause for complaint, respecting the disposal of his property, or the arrangement of his pecuniary interests, on his retirement from St. Thomas's Hospital.

I now proceed to the second part of the Memorial, viz. the alleged hardship of the situation of Sir Astley Cooper's Nephews: this having been made the vehicle of an imputation most injurious to my character, of having intrigued to exclude them from the Hospital, and to appropriate unjustly a moiety of the Museum, contrary to an express agreement, according to which they claim it as their property.

Quot. 9th.—"Mr. Bransby Cooper went to Sir Astley Cooper, who was at that time ill in the country, by the recommendation of Mr. Green, to advise him at once to send in his resignation."

I did not recommend Mr. Bransby Cooper to advise Sir Astley Cooper to send in his resignation at once. On the

contrary, I gave advice, which was wholly neglected, that the step should not be taken without due precaution. The facts are simply these:—In consequence of a message I had received from Sir Astley Cooper, I waited upon the Treasurer of St. Thomas's Hospital, in order to communicate Sir Astley Cooper's inability to continue the Lectures, and to recommend Mr. Bransby Cooper as his successor. The Treasurer informed me that no arrangement could be made, until he had received Sir Astley Cooper's resignation. The result of this conversation I made known to Mr. Bransby Cooper, and recommended him to go immediately to Sir Astley Cooper, in order to acquaint him with these particulars, and that a Committee would be held in a day or two, at which his election might be settled. But I advised him at the same time, if he brought Sir Astley Cooper's resignation, on no account to send it in to the Committee, but to place it in the hands of Mr. Harrison, of Guy's Hospital, who would be the fittest person to introduce the business, and conduct it to the desired result.

Quot. 10*th.*—"But Sir Astley Cooper wrote to Mr. Green, saying, he would not resign the Lectureship, but upon condition that his share of the Museum should become the property of his Nephews, Mr. Key and Mr. Bransby Cooper, to which Mr. Green readily acceded."

It will scarcely be believed, that an assertion, like this, should be entirely without foundation. Nevertheless, it is most certain, that I never received any letter or writing from Sir Astley Cooper importing "that he would not resign, but upon condition that his share of the Museum should become the property of his Nephews." I could not, therefore, accede to what had not been proposed. It will be observed, likewise, that Sir Astley Cooper is made to say that, "he would not resign but upon condition," as if I had been desirous to bargain for his retirement. I never wished, nor ever could wish, Sir Astley Cooper to resign; as the change must have been unfavourable to my interests. I should have been glad to have still had the assistance of his eminent talents as a teacher, and the advantage of having his name, so long established in public favour, conjoined with my own; and I must have expected, as the event indeed proved, that his sudden and ill-explained retirement, would give great offence to the pupils and their friends.

Quot. 11*th.*—"Of Mr. Green's friendship Mr. Bransby Cooper could have no reason to doubt." Further, "Sir Astley Cooper, relying on the faith of Mr. Green's promise, that Mr. Bransby Cooper should have his cordial support in obtaining the appointment, sent in his resignation."

These observations, if introduced for any purpose, must be intended to imply, that Mr. Bransby Cooper has had some reason subsequently to doubt my friendship, and that I did not keep the promise on the faith of which Sir Astley Cooper had relied.—If such be the meaning of the clauses quoted above, this is my answer:

In the beginning of the season of 1824, at the solicitation of Sir Astley Cooper, I agreed that Mr. Bransby Cooper should give a few Anatomical Lectures, in order to facilitate his election, at some subsequent period, to the Anatomical Chair. At the commencement of the second course, in the spring of 1825, Sir Astley Cooper suddenly left town, at the same time communicating to me his intention of not lecturing again, and expressing his wishes that Mr. Bransby Cooper should immediately receive the appointment of Lecturer on Anatomy. Now, although this arrangement was different to that which had been proposed, or which I had meant to accede to, yet nevertheless I thought myself bound in honour to give Mr. Bransby Cooper my support in obtaining the appointment. This I faithfully did, and performed more than my promise had bound me to. Over the Treasurer and Committee, who had the gift of the Lectureship, I had no control; but when the Treasurer persisted in the appointment of another gentleman, I gave the best proof of my sincerity in promoting the interests of Sir Astley Cooper's Nephew, by offering to forego one-third of the profits I had hitherto received, in order that Mr. Bransby Cooper might be admitted to an equal share with myself. And I dare assert, that to my efforts in Mr. Bransby Cooper's behalf, and to the interest I took in his success, the Memorialists owe it, that they have even a *pretext* for their present charge.

I have thought it right to explain these circumstances, in order to meet fully any charge of duplicity, which may be implied in the numbered paragraph quoted above. This is the more necessary, as the Treasurer of Guy's made a statement to some of my own pupils, which was publicly repeated in the Theatre of St Thomas's Hospital, that the Committee had been informed, "That Mr. Cline and Mr. Green recommended Mr. South as the more eligible candidate;" and it may not be generally known, that the Treasurer of St. Thomas's Hospital has distinctly contradicted this alleged recom-

mendation. In every point I kept my promise, and performed more than could have been reasonably expected of me.

But had Mr. Bransby Cooper any reason to doubt of my friendship? I answer, not before he chose most wantonly to break the bond asunder, and adopt a line of conduct incompatible with its continuance. Mr. Bransby Cooper, growing impatient at the delay in the attainment of his wishes, suddenly retired from the demonstrations, and abruptly refused to teach in the dissecting-room at a time when the pupils most needed his services. He at the same time incited the pupils to address a memorial to the Treasurers of the two Hospitals, and thus gave occasion to a Paper which must have been supposed offensive to me, since it describes the anatomical school as in a disorganized and inefficient state, and which Paper was nevertheless thought worthy to be entered upon the minutes of the Committee of Guy's Hospital. Nor was this the only effect of making the Pupils a party in the question then agitated. It tended to divert their attention most injuriously from their pursuits and studies; and its object was evidently that of raising a party, in order to support an opposition school at Guy's Hospital, then already planned. From this time, indeed, Mr. Bransby Cooper had no reason to doubt that our friendship was at an end.

Quot. 12*th.*—"As Mr. Key had no longer the means of illustrating his surgical lectures, he had no alternative but that of resigning at St. Thomas's."

This is the last of the assertions that require a reply from me. And my answer is, that Mr. Key had the means of illustrating his surgical lectures, as he was never denied the use of the Museum; and might, with my free consent, have become possessor of the moiety of the collection, had Sir Astley Cooper thought fit to give it to him. Mr. Key voluntarily withdrew himself from the lectures, and thereby deprived himself of the advantages of a Museum, which was intended for the benefit of the School of Anatomy and Surgery at St. Thomas's Hospital.

After this exposure of the grounds upon which the Memorial of Mr. Charles Aston Key and Mr. Bransby Cooper is founded, it remains now only that I should furnish an answer to the main question, for which avowedly their application has been made, viz. whether a moiety of the Museum ought to be given up to Sir Astley Cooper, or his Nephews?

There are three grounds only upon which this claim can be supported: 1. That Sir Astley Cooper has a *legal* claim. 2. That the Nephews have a claim, by virtue of an alleged *contract* with me. 3. That it might be properly conceded as a *favour*.

It will not be necessary to enter here upon the subject of Sir Astley Cooper's legal claim, because this point is now under investigation by an able and eminent solicitor, appointed by Guy's Hospital, whose assiduity and knowledge will fully demonstrate the legal title, if it exist: and moreover, as this point must be ultimately decided elsewhere, and before other tribunals, the discussion would be here premature. At the same time, I not only have no objection, but I should wish, that, for the information of the Committee, the correspondence between Mr. Freshfield and myself should be laid before them.

On the second ground, now first taken up, that the Memorialists have a claim by virtue of a compact between Sir Astley Cooper and myself, a single remark will suffice. It is asserted, that "Sir Astley Cooper wrote to me, saying, he would not resign the Lectureship, but upon condition that his share of the Museum should become the property of his Nephews, Mr. Key and Mr. Bransby Cooper, to which Mr. Green readily acceded." Now I again most unequivocally deny having received any writing or message to that effect, and could not, therefore, accede to what had not been proposed. It is most certain, that no such condition was ever required or acceded to. But it will be asked, perhaps, whether the Museum had never been *previously* the subject of arrangement between Sir Astley Cooper and myself, in the event of his retiring from the lectures? I am perfectly willing to admit, that I had given my consent to the introduction of Sir Astley Cooper's Nephews to the lectures, and that I had made no objection to Sir Astley Cooper's proposal of dividing his moiety of the Museum between them. In fact, as the Museum was formed for the purpose of illustrating the lectures, no reasonable objection could have been made to the proposal, and certainly no desire existed on my part to deprive them of the benefit arising from the use of the collection. But it cannot be for one moment supposed, that I should be guilty of the absurdity of depriving myself of the use of any part of the Museum, by consenting, that it should be removed from St. Thomas's Hospital; nor will Sir Astley Cooper contend, that he ever proposed the arrangement, except upon the supposition that his Nephews were to lecture at St. Thomas's Hospital, and that the appointment of Lecturer, and the posses-

sion of the Museum, were to be inseparably conjoined. It is therefore clear, that the Nephews of Sir Astley Cooper have no claim upon me for a moiety of the Museum, by virtue of any alleged contract, or even of an implied assent.

We have now then only to consider, whether the possession of half the collection might be conceded as a favour? But the answer to this question is superseded by the fact, that it has never been asked as a favour, but demanded as a right, and that instead of conciliatory measures, the most offensive mode of enforcing the supposed right has been resorted to, accompanied by acts of hostility, which ought to preclude any rational expectation of favour.

I trust, Gentlemen, that I have now amply shown that the Memorial of Mr. Charles Aston Key and Mr. Bransby Cooper is unworthy of any other notice, than that which a series of groundless allegations, made and circulated to the injury of the character of another, is sure to receive from every honourable mind.

I have the honour to be, Gentlemen,
Your most obedient Servant,
JOSEPH HENRY GREEN.

St. Thomas's Hospital,
Sept. 15, 1825.

MEDICAL SOCIETY.

TRANSFUSION.

[*From a Correspondent.*]

On Monday, October 17, the discussion on the case of Transfusion was renewed at this Society, according to the notice given in number 111 of this publication. In consequence of that intimation a most numerous meeting of the members took place; the room was crowded, the number assembled being much greater than at any meeting for a number of years.

After the minutes of the preceding meeting had been read, Dr. Gordon Smith* cautioned the Society against making any "crude observations," as an account of the preceding discussion had found its way into a "certain medical periodical."

A quarter of an hour having elapsed, Dr. Uwins felt alarmed, lest the silence of the Society should be construed into fear of publicity; he, therefore, with his "still small voice" broke the silence by a few unintelligible sounds. Although we sincerely regret the loss of the purport of Dr. U.'s observations, yet we console ourselves with the reflection in Gray's Elegy,—

"Full many a flower is born to blush unseen,
And waste its sweetness on the desert air."

It is said, the toad's head, however unsightly and unseemly, nevertheless contains a jewel of the brightest water; it was even thus with Dr. Uwins' sentences, for, although unmeaning, they possessed the talismanic power of exciting discussion. It was again asserted, that the operation of transfusion, even with human blood, was an old one, and that it had been repeatedly tried in France; in proof of this "Heister's Surgery" was adduced.

To this it was replied, that Heister's observations were directed to the injection of medicinal substances into the veins, as well as the transfusion of blood; and that, according to his own statement, the inferences he drew were from the experiments instituted in Paris, where it appeared the operation had only been performed in *five* cases, (and not 500, as was asserted,) and that the results of these cases were far from being unfavourable.

One gentleman thought, that if the operation in the case before the Society had been of any service, it was by counteracting the effects of the opium (160 drops of the tincture) which the patient had taken.

* As we do not often attend the Medical Society, and as our time is of much importance, we consider ourselves under great obligations to Dr. Smith, by his informing us that its members are in the habit of uttering such *crude* and unconnected things, that even upon such an extraordinary occasion, and after a week's "sweat of the brain," he considered it necessary to warn them lest they should commit themselves. Several of the members said, privately, they thought Dr. Smith (more especially as he is so well versed in jurisprudence) ought to have been a little more modest, and to have recollected the beautiful command,—"Judge not, lest thou be judged." It seems, however, that,—"Conscience makes cowards of us all." We have good reason to believe Dr. S. was the author of the obnoxious and *crude* article on Accoucheurs and general Practitioners, which appeared in the Medical Mausoleum of Jemmy Copland, and which that clumsy *Aberdeenshire*-man was obliged to retract with all speed.

To this it was replied, that although 160 drops of the tincture had been exhibited at three doses, yet, as the woman was repeatedly vomiting, the probability was, that a great part of it was brought up again, and none had been given some hours previous to the operation.

A doubt was suggested, whether transfusion, in these cases, might not be attended with injurious effects. The patient was undoubtedly suffering from inanition, and the blood, therefore, must be collected in the right side of the heart; might not the injection, therefore, of much blood increase the difficulty of transmission.

In answer to this it was stated, that the circulation in this case was not, at any period, wholly stopped, the blood could, therefore, not be so obstructed as had been imagined; and supposing that it had, the stimulus of the injected blood might excite the heart to overcome this obstruction. If this obstruction really existed, and if more blood would only increase it, then it is evident no nutriment should be administered, for the chyle must pass into the right cavity of the heart before it can get into the arterial system.

We have thus given an impartial account of the *arguments* on both sides of the question; they are certainly ill calculated to influence such a man as Dr. Blundell.

To the Editor of THE LANCET.

SIR,—I am aware that your columns are seldom devoted to works of mere literature or taste; but I cannot help calling your attention and that of your numerous readers to a passage in the last poem of our great Laureate, (especially *great* in his own estimation,) in which he states an interesting fact, and hazards an opinion, doubtless worthy of investigation.

It is a matter of regret to most men that, as often as their wives usher a little novice into the world, sentence of banishment for a month is recorded against them; of the propriety of which I will not pretend to decide; but it appears that in the New World, the theatre of so much enterprise, better management prevails on the occasions above alluded to, as we may infer from "a Tale of Paraguay" by Doctor Southey, in which he sketches the life of an interesting female of unsophisticated habits and manners. See canto 1, 27th stanza.

"The moon hath gather'd oft her monthly store
Of light, and oft in darkness left the sky,
Since Monnema a growing burthen bore
Of life and hope. The appointed weeks go by;
And now her hour is come, and none is nigh
To help: *but human help she needed none.*
A few short throes endured with scarce a cry,
Upon the bank she laid her new born son,
Then slid into the stream, and bathed, and all was done."

I will not occupy the time of your readers by dwelling on the prominent points of this subject; feeling assured that the philosophical obstetric lecturer at Guy's will take an early opportunity of discussing the topic for the instruction of his pupils and the public.

I remain, Sir,
Your obedient servant,
"A RUSTICATED HUSBAND."

QUOTATIONS.

We neglected last week to correct an attempt at quotation made by one of our Correspondents. The words, as they stand in our Correspondent's letter, are—"Qui mare terram transmutant, animam non mutant"; the passage meant to be quoted is—"Cœlum, non animum mutant, qui trans mare currunt."

"Quotations," observed the celebrated Beau Brommel, "are, in language, what clocks are in a silk stocking. Language is necessary to communicate our ideas, and nobody can wear a leg without a silk stocking. I am free to say," continued Brommel, with a candour which always distinguished him, "that the silk stocking will do well enough without clocks, but I invariably expire whenever I see a clock *with a hole in it.*"

We have adverted to our Correspondent's intended quotation, chiefly because it concerns our friend Mr. Travers, who might, perhaps, get the thing explained to him, and triumph at our supposed acquiescence in a blunder. Apropos of corrections! Our nerves are none of the weakest, as sensitive people will readily believe, since we live to record the fact, that Brommell's elegant axiom—"nobody can wear a leg without a silk stocking," was brought back by the Printer's devil, *corrected* into "nobody can wear a silk stocking without a leg."

FOREIGN DEPARTMENT.

Epidemic Small Pox.

The variolous epidemic still continues to rage at Paris, and an extraordinary Sitting of the Royal Academy of Medicine was held on the 20th of September to receive, and take into consideration, the Report of the Commission on Vaccination. This Report will be read with the greatest interest, as it tends to give additional confirmation to the efficacy of vaccination, and to add fresh lustre to the name of our immortal countryman JENNER.

The Report was divided into four parts. In the first part M. Moreau, the reporter, after paying a just homage to the memory of Jenner, proceeded to detail the means which had been adopted to propagate this invaluable discovery, and the difficulties which the Committee of Vaccination had to encounter.

The second part of the Report detailed the measures adopted by the different authorities to spread the benefits of vaccination, and to counteract popular prejudices and the negligence of parents. One Prefect, the Marquis de Foresta, had caused a youth, who had lost his sight from the small pox, to be led through the streets with a scroll, stating the cause of his blindness. A number of priests learned the mode of vaccinating; schoolmasters and midwives also performed the operation with success; whole corps of the army were vaccinated, and so successful were the results produced by this zeal and activity, that, in 1824, the number of individuals vaccinated amounted to 430,557, that is, 49,943 more than in 1823.

The third part of the Report states the anomalies which have been observed in the effects of vaccination. The eruption of the pustules was retarded in some persons till the 8th, 15th, and 20th day, and in some instances for a period of six weeks; in some individuals vaccination has been performed as many as seven and eight times, without producing any effect. The small pox has often made its appearance a few days after vaccination, and has taken its course simultaneously with the disease produced by vaccination, but in all these cases of the coincidence of the two disorders, the small pox has been greatly mitigated by vaccination. In the Department of Arriege, a physician vaccinated, with success, an individual who had been vaccinated six months before. These secondary eruptions from vaccination have been observed in other places.

A still more extraordinary case was communicated by M. Barre, a physician in the Department of the Côte-d'Or:—A vaccine pustule suddenly broke out in the arm of a lady, at the spot where she had been vaccinated, without success, *twenty years before*. (Symptoms of incredulity in the assembly.) This lady wished to have her child vaccinated with the matter of this pustule, but the operation was not performed.

It appears, from a great number of cases, that the vaccine matter taken from subjects labouring under the itch, measles, and even the small pox, has never produced any thing but healthy vaccine pustules. A woman, 35 years of age, the subject of confluent small pox, was vaccinated; the operation succeeded, and the matter taken from the vaccine pustules served to vaccinate several children with success. Nevertheless, the opinion of certain persons, who think that the vaccine has degenerated, has been supposed, this year, to have received some degree of confirmation. The numerous cases of varioloid eruptions in vaccinated individuals, observed in England, in Holland, in the United States, and in France, have given rise to the question, whether the vaccine fluid has lost its energy and its preservative virtue. The Commission has entered fairly into the discussion of this question, and it remains convinced, *that all the facts alleged against the efficacy of vaccination tend only to give additional confirmation to its efficacy.*

An article of M. Valentin, upon an epidemic of this kind, proves that the cases of supposed variolous eruptions, after vaccination, when well examined, reduce themselves either to simple varicellæ, or small pox, in subjects who have not been properly vaccinated.

A memoir of M. Pascalis, physician at New York, confirmed by the information furnished by the French Consul, proves, that in the epidemic of this kind, which raged at Philadelphia in 1823, out of 148 patients, 47 who had been vaccinated all recovered, while of eight, who had had the natural small pox before, or who had been inoculated, four died; from which it appears that vaccination is a better preservative than even the small pox itself. It is evident, therefore, that no

rational objection can be raised against vaccination, and that if this great discovery has never had more resistance to encounter than at the present period, its efficacy has never been more triumphantly established.

The fourth part of the Report is occupied with details relative to arrangements for the distribution of the prizes given to vaccinators by the Government, which are merely of local interest.

M. Bourdois de la Rothe, the President, having inquired whether any member wished to observe upon the Report,

M. Hard. I recollect when the Report of the Commission was discussed last year, a member protested against the omission of certain facts relative to the appearance of small pox after vaccination, and it was then decided, that in their Report of this year the Commission should make known all the cases of this kind which might be communicated to them. I wish to know, then, whether any well-authenticated fact of this kind has come to the knowledge of the Commission, for they make no mention of any such case in their Report.

M. Moreau observed, that the commission had received a vast number of documents on all points connected with the subject of vaccination; the mass was so voluminous that they had been obliged in their report to confine themselves to general results.

M. Gerardin asked whether the report they had just heard, was such as they had a right to expect. For two years complaints had been made in Paris of varioloid eruptions occurring in vaccinated individuals. In the month of August last, the variolous epidemic raged with such violence in Paris, that in a single arrondissement 165 deaths had occurred, two-thirds of which were the result of small-pox; he estimated the number of persons who had died of that disease in the capital at 800. Of this number many were said to have been vaccinated, although undoubtedly in many cases these unfortunate results might be attributed to the insufficient performance of that operation. He was persuaded, however, that small-pox would appear in many cases where the individuals had been properly vaccinated, and he was satisfied that the Academy would come sooner or later to the same opinion.

M. Moreau replied, that the report just read referred to the year 1824, and not 1825. Within the last eight or ten years a very considerable population, belonging to the operative classes, had come to Paris from the provinces, without having been vaccinated, and it was to these persons that the introduction of the small-pox was to be attributed. They formed a focus for the spreading of this disease.

M. Breschet said that the variolous epidemic of this year had excited the attention of the authorities. The report of the Prefect of police confirmed the statement of the last speaker, that the introduction of small-pox was attributable to a floating population in Paris, of about 50,000 individuals, belonging chiefly to the operative classes. The number of persons who had died of small-pox was, however, in his opinion, greatly exaggerated; he did not believe that out of the hospitals more than 200 persons had died of that disease.

M. Renauldin observed that in the floating population which had been just alluded to, there were no women, and yet a number of women had been attacked by small-pox.

To this sagacious remark it was stated in reply, that the women might have caught the disease of the men, who introduced it.

On the question for the adoption of the report, being put,

M. Guersent opposed it. The main question, said he, which is now before us, is to ascertain whether small-pox can appear in subjects who have been properly vaccinated. I demand the adjournment of the adoption of the report, and the continuation of the discussion at the next sitting.

This question was put and carried.

Sitting of the 27th September.

The discussion commenced on the 13th of September, on the cauterisation of variolous pustules, by a solution of the nitrate of silver, proposed by M. Serres, was resumed this day.

M. Serres replied at considerable length to the objections which had been made to his plan, on the ground of its endangering the life of the patient, by preventing the further eruption of variolous pustules on the surface. He maintained that the danger of small-pox was proportionate to the number of pustules, and that by checking or preventing the eruption of pustules, the danger of the disease was proportionally diminished. In support of this opinion he quoted several passages from Sydenham, whom he characterised as an oracle in the treatment of variolous disease.

M. Husson observed, that one of his colleagues, M. Asselin, cauterized the pustules in three cases at the Hotel Dieu, and the three patients all died. (Symptoms of emotion in the Assembly.) He did

not mean to say that the result in these cases was attributable to the ectrotic method, for this year a great number of variolous patients died, whatever mode of treatment was resorted to. One circumstance, however, was remarkable; he had detached the face of a patient, who died a month after cauterization, and the hollow scars were as visible as if no such operation had been performed. M. Husson exhibited the preparation to the Assembly.

M. Lisfranc observed, that the formation of scars depended on the time at which the cauterization was performed. If the operation were deferred until the pustules were considerably developed, and an excavation made by suppuration, it was evident that the formation of scars could not be prevented. They would be prevented, however, if the parts were cauterized early. It was replied, that in this case the patient had been cauterized on the second or third day.

M. Miguel mentioned a curious fact, which had been communicated to him by one of his colleagues, M. Maury. This physician, in order to ascertain whether cauterization would prevent the formation of scars, cauterized, at the Hospital St. Louis, four variolous patients, on one side of the face only. The patients got well, but the scars exist, without any difference, on both sides of the face. M. Guersent remarked, that wherever he had employed the solution of the nitrate of silver recommended by M. Serres, he had failed to suppress the pustules, and prevent scars, whereas the employment of solid nitrate of silver, introduced into the pustule itself, according to the plan recommended by M. Bretonneau, had been attended with complete success.

M. Serres replied, that he had never attached much importance to the disappearance of the scars. Considering the extraordinary virulence of the variolous epidemic, it was not surprising that the ectrotic method had been comparatively less successful this year than at former periods.

M. Léveillé stated to the Academy, that a patient who had died after cauterization, exhibited scars as deep as they would have been had no such operation been performed.

M. Lisfranc. It has been said that M. Serres lost*—(great agitation in the chamber.)

M. Magendie. The question before us is, whether the method of cauterization is useful or dangerous. I observe that no cases are cited, except those which are unfavourable to it. If you harass in this way a physician who proposes a new remedy, the question will not be the sooner elucidated. For my own part, I have resorted to cauterization in one instance, and I had reason to think well of it. We ought to come here to state the facts which have come under our observation, without passion and without animosity.

M. Lisfranc demands again to be heard. (The agitation continues.)

M. Andral. What I said in the last Sitting, I said without any kind of animosity. It was reported to me, that M. Serres had lost many patients; I communicated this report to the Academy, and I asked M. Serres to afford us some explanation.

After some farther objurgatory discussion, the agitation in the Chamber became extreme, and the President rang his bell.

M. Dalmas. Amidst so many contradictory opinions, I think it will be better to wait for the results of time and experience. I demand the closing of the discussion.

M. Andral, junior. I think we should regard no interests here, except the interests of science. What has been said on this occasion, has, I am sure, been only said in a friendly way; why then, resort to abuse and personalities? (Here the agitation became extreme; loud cries of "Close the discussion.")

The discussion was closed.

Suicides.

The number of suicides which came under the cognisance of the Prefecture of Police in Paris during the year 1824, amounted to 371: 239 men, and 132 women.

Toxicology.

Mr. Barry has lately read before the Royal Academy of Medicine, a paper on the result of the experiments he has made to prevent the death of animals, after the introduction of poisonous substances within the cellular tissue. After having introduced strichnine, morphine, and hydrocyanic acid under the skin, and when the effects had begun to appear by positive symptoms, he applied cupping glasses upon the wounds, by which means the progress of the symptoms was arrested, and the fatal effects of the poison prevented. Experiments made with the

* *Il a été dit, que M. Serres avoit perdu.* The French word "*perdu*" has here an equivocal sense; it may imply that M. Serres *destroyed* his patients.—Ed. of The L.

same doses of the several poisons exhibited under similar circumstances, but without the employment of cupping-glasses, terminated invariably in the death of the animals.

Uterine Hæmorrhage.—Suppression of the Menstrual Discharge.

M. Gondret, in a letter addressed to the Editor of the *Gazette de Santé*, states a simple method, which he has employed successfully, for arresting uterine hæmorrhage. He applies on the back, between the shoulders, a dry oval cupping-glass, the vertical diameter of which is from four to five inches, and the transverse diameter from two to three inches. He lets it remain for half an hour or an hour; in general the hæmorrhage stops, or is very considerably diminished in the space of a few minutes. The application of cupping-glasses, he observes, has also been found successful in diminishing immoderate menstrual discharge.*

REVUE MEDICALE, SEPTEMBER, 1825.

Case of a man who recovered after having swallowed half an ounce of Cantharides. By J. M. Fontenelle.

The effects of poisonous substances are often surprisingly modified by the idiosyncracy† of the persons who swallow them. Cardan mentions a case of an individual who recovered after having swallowed an ounce of arsenic.

Cantharides, although they may be regarded as one of the most violent poisons, do not always produce fatal effects.‡ Some persons, indeed, have been seriously disordered even from smelling these insects, or from having carried some of them in their pockets; cases have even occurred in which individuals have been affected by only touching them.* The external use of them has produced bad consequences, and even death, while some persons have taken large doses of cantharides without inconvenience. In Upper Hungary it is the practice to give 10† flies a day in treating a sort of hydrophobic disease; they occasion sweating and copious urine, which are followed by good effects. Wilbreck mentions a case of a woman who swallowed a drachm of cantharides, and who was restored by a suitable treatment. Lionet saw another woman who took three drachms by mistake; her life was saved, but she lost her senses. M. Amoreux gives a very interesting case of a young lady, the subject of Phthisis, to whom one of her female friends gave by mistake three drachms of cantharides in powder. As she felt a good deal of reluctance in taking the supposed medicine, her friend, to encourage her, swallowed a portion of it, and the patient then took the rest. The poison produced very different effects on the two young ladies, although nearly an equal quantity had been taken; the friend of the patient suffered only a slight ardor urinæ, and heat in the head, while the latter was reduced to the last extremity by it.

To this curious case I have to add the following:—

Banot, a butcher's apprentice, a robust youth of about 20 years of age, while attending his master who was ill of a fever, and who had been ordered to take two drachms of bark infused in wine every two hours, mixed up, by mistake, a packet containing half an ounce of cantharides, which had been sent for the purpose of making a large blister. The patient, who had already taken several doses of the bark, felt some repugnance at taking this, and Banot, to encourage him, took it off himself. He was almost immediately seized with violent heat of urine, heat in the throat, and pain in the head. These symptoms increased, and were followed by excessive sickness. He was shortly after taken to the hospital, where six ounces of olive oil, and a warm bath, were administered; he was somewhat relieved, but the vomiting continued. Mucilaginous drinks, soothing embroca-

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* The application of a large cupping glass to the breasts with a view of checking the menstrual discharge, is recommended in one of the Aphorisms of Hippocrates; Γυναικὶ τὰ καταμήνια ἢν βούλῃ ἐπισχεῖν, σικύην ὡς μεγίστην πρὸς τοὺς τιτθοὺς πρόσβαλλε. Hippoc. Aphorism 50.—Ed. L.

† Contrad. Med. tract.

‡ The most interesting particulars relative to cantharides may be found in the following tracts: Sextus Platonicus, cap. v.; Galenus, liber de simpl. Med.; Santes Ardoynus de Venenis; Mercurialis Lindestolphe; Grivinus; Stenzel Toxicologia; Rhasis de Cantharid.; G. Hoffman Paralipomen; Bartholini Hist. Anat. cent. 5.; Langii Epist. lib. 1.; Acad. Nat. curios. decur, ann. 7; Miscellanea Nat. curios. ann. 9 and 10; Ephem. Germ. ann. 10.

* Zachias, Quæst. Med. Leg.

† Spilemberger, Observ. 173.

tions, and pills of camphor and nitre were ordered. In the evening, eight hours after the accident, he passed a quantity of blood from the urethra, with excessive pain. The next day the heat of urine, burning in the throat, and erection of the penis, continued. Warm bath, embrocations, mucilaginous drinks and clysters, and six pills as before, were ordered. The third day the vomiting had abated, and the other symptoms were less violent. The same treatment was adopted, and he continued to improve until the fifteenth day, when he left the hospital well.

This case proves that the action of poisons is often modified by idiosyncracy, and that we ought never to neglect a regular mode of treatment, or to despair of success, however large the quantity of poison which may have been taken.

Pleuritic affection cured by Acupuncturation.

M. Goupil read, at the Athenæum of Medicine, a case in which the patient suffered the most excruciating pain upon the slighest pressure of the thoracic parietes of the left side; the least motion, even that which is necessary for breathing or speaking, was intolerable to the patient. He was somewhat relieved by bleeding and the application of leeches; but he could not lie upon the affected side, and was totally deprived of sleep. M. Goupil applied four needles, for the space of three hours, to the anterior part of the thorax; the patient felt a burning sensation in the part during the application; the patient's respiration became more free, and he was able to sleep. The next day the pain was transferred to the posterior part of the chest; four needles were inserted in this part and allowed to remain four hours; the pain was removed, and the patient permanently cured.

Rheumatic Gout cured by Acupuncturation.

M. Andrieux, in the *Bulletin de l'Athenée*, gives the case of a man aged 49 years, who, during the last 10 years, had suffered from attacks of gout in the knees, elbows, wrists, and the articulations of the fingers, which were permanently deformed. In December last the right foot became red, swelled, and extremely painful; a needle was inserted at the origin of the little toe, and brought out under the malleolus externus. The needle was no sooner inserted than the patient felt himself relieved; he could move his foot and suffer it to be touched, whereas before the slightest motion was insupportable. Fearing a return of the pain, M. Andrieux introduced a second needle below the malleolus internus; at the end of ten minutes the needles were taken out; they were considerably oxydized. The patient could rest his foot upon the ground and walk with ease, whereas a quarter of an hour before he could not bear the mere contact of the blankets. M. Andrieux thinks that the electrical equilibrium which the needles establish between all the parts, is the cause of the success which attends acupuncturation. The opinion of M. Andrieux, on this point, is entitled to the more attention as he has devoted much of his attention to the influence of galvanism on the animal economy, and has, in many instances, applied this agent to therapeutics with the most successful results.

ROYAL ACADEMY OF MEDICINE.

Non-contagion of Plague and Yellow Fever.

At the sitting of the 2d of August, a letter from the Minister was read, consulting the Academy upon a request made by Messrs. Costa, Lapis, and Laserre, that they might be permitted to expose themselves, in the Lazaretto of Marseilles, to various experiments, with a view of proving that the yellow fever and the plague are not contagious diseases. These physicians offer, especially, to wear the clothes which have been used by persons affected with those diseases. Three other physicians, members of the Medical Society at Marseilles, are desirous of submitting themselves to the same experiments. The Academy appointed a Committee of its members to prepare a suitable answer to the Minister.

Sublingual Pustules in Rabies.

M. Dupuytren communicated to the Academy letters from M. Marochetti, of St. Petersburgh, and M. Lefon, resident in Turkey, in which those physicians maintain that the excision and cauterisation of the pustules which come under the tongue in rabies, prevent the hydrophobic disease, and they request the Academy to supply them with the means of continuing their researches. M. Dupuytren observed, that as the method of cure proposed was preventive, he should always prefer the excision and cauteri-

cation of the wounds to that of the pustules, which were by no means certain in their appearance. M. Honoré mentioned two cases of rabies in which he could not find these pustules either in the individuals, or in the animals which had bitten them. Messrs. Girard and Barthelemy said, they had not been more successful; the latter, in numerous experiments which he has made, during the last three years, on dogs,* and the former in numerous cases of rabies which occurred during the late summer in the establishment at Alfort. M. Orfila, on the other hand, cited a case communicated by M. Marcq, in which pustules under the tongue had been seen, and a cure effected by their cauterisation. The Academy appointed a permanent Committee to inquire into this subject.

Worms in the Urethra.

M. Dupuytren exhibited a species of worm, sometimes formed in the kidneys of dogs, which had been discharged from the urethra of a man; the same individual had, on former occasions, passed by the urethra several calculi, and also a worm of the same kind incrusted in saline matter.

Fœtal Monster.

M. Dupuytren next exhibited a drawing of a case of monstrous conformation, consisting in the union of two fœti by the anterior part of the thorax; there were two œsophagi and two stomachs, but below this double viscus the intestinal canal was single, and served for both the individuals; there was only one heart. —*Archives Générales, Sept.*

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* According to the *Archives Générales*, M. Barthelemy has been employed for the last three years in making experiments on rabies in *horses*; but as rabies in the horse is comparatively of rare occurrence, we have assumed that *chevaux* is an error of the press for *chiens*.—Ed. L.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Entropium, or Inversion of the Eye-lids.

R. Bastard, a man about 55 years of age, and whose occupation in life has been of a sedentary kind, was admitted into Cornelius' Ward, under the care of Mr. Key, with ophthalmic disease of the following character:—

The under tarsus of the right eye was completely inverted, or turned in upon the globe of the eye, constituting that disease which is technically termed entropium; the eye was in a state of extreme vascularity, and the patient bitterly complained of the excessive irritation and consequent pain produced by the friction of the tarsus. When we consider the exquisite sensibility of the eye, we may readily conceive the extreme state of irritation produced by the continuance of an extraneous body, constantly rubbing upon the eye. In addition to the vascularity and pain, the transparent cornea was nebulous and opaque; the tunica conjunctiva lining the interior of both lids was turgid and covered with villous projections, being, in point of fact what is termed a granular state of the lids; the pain was not confined to the eye, but extended to the eye-brows and temples. With respect to the left eye, the inversion of the lid was but slight, but there was great defect of vision consequent upon former disease, and it still continued vascular, the cornea nebulous, and there was intolerance of light.

Having proceeded thus far with an account of the patient's symptoms when admitted into the Hospital, we will look back to the history of the case, and shall find the disease to have been of long standing and peculiarly obstinate. The eyes were first attacked with disease about four years since, which continued of a chronic nature, and was more or less severe until about two years since. At this period they became much inflamed, and the right eye-lid was turned in. The patient went into St. Thomas's Hospital, under the care of Mr. Travers, who removed a portion of the eye-lid, but with little benefit to the patient. After this he was eight months under the care of Mr. Tyrrell, at the Moorfields Eye Infirmary, who cauterized the left tarsus. Eventually the poor man went into the Hospital a second time, under the care

of Mr. Green, from which he was dismissed in April last. "All the talents" of St. Thomas's were, however, of slight avail, and he continued to drag on a weary existence.

Mr. Key considered the inverted state of the tarsus to arise from the action of the orbicularis palpebrarum muscle.*—With that view he determined upon laying bare the substance of the lower tarsus, and dissecting off the fibres of the orbicularis. The operation was performed by first turning out the lid, and then making an incision through the skin along the whole length of the under eye-lid, at a few lines distance below the ciliary ridge; the integuments were carefully elevated by means of dissecting forceps, and the fibres of the orbicularis, thus exposed, were as carefully removed; there was considerable bleeding from the parts; the portion of skin which had been raised was laid down, and the wound dressed by means of adhesive strips, with a compress applied over them.

This operation was performed about a month since, and the result of it has been highly beneficial; it has, indeed, completely effected that for which it was undertaken—to prevent the inversion of the lid. After the wound had healed, the patient was directed to instil the *wine of opium* into the eye daily. Of late he has used some drops, composed of equal parts of *Goulard's extract* and *wine of opium*, and has taken alterative medicine. The general vascularity of the eye is removed; the cornea has become more transparent, and vision consequently much improved, and the granular state of the interior of the lids no longer exists.

Permanent Contraction of the Fore-arm, succeeding Venesection.

It is well known that a contracted state of the fore-arm is one of the occasional ill consequences following venesection, and that it is the result of fascial inflammation. The following case affords an illustration of this affection:—

Sarah Cottle, a pale, unhealthy-looking young woman, was admitted on 12th of October, under the care of Mr. Bransby Cooper; the patient stated, that about ten weeks since she was bled in the right arm, in consequence of a pleuritic affection. The wound (to use her own expression) *festered*, and the arm became very much inflamed, swollen, and painful. Fomentations, leeches, and blisters were employed, but it does not appear that there was any collection of matter under the fascia which required an opening. To this inflamed state the present contraction succeeded; the arm is bent nearly at right angles, and any attempt at further extension occasions great pain. There is no particular tension in the feel of the fore-arm, but the tendon of the biceps is distinguished at the elbow, extremely rigid and tense. There is a degree of thickening to be felt where the tendon passes under the fascia of the fore-arm, and it is probably the result of unnatural adhesions at this part. The wound in the vein was made on the outer side of the tendon of the biceps, and apparently in the median cephalic vein. There is considerable swelling of the hand, and there is one curious pathological fact which may, however, be accidental and not an essential symptom in these cases; it is, that the nails are exquisitely sensible, even to the slightest touch.

We stated that the patient had an unhealthy aspect; her general health is, indeed, much affected. This has been attended to by the exhibition of alteratives and tonics; the local applications have been fomentations to the arm and poultices to the hand.

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* Scarpa denies that a spasmodic contraction of this muscle can produce an inversion of the eye-lid, so as to constitute trichiasis.

ST. THOMAS'S HOSPITAL.

Case of Acute Peritonitis.

William Taylor, a middle-aged robust man, was admitted into the Hospital on 6th of October, under the care of Mr. Tyrrell, with ulcers on the right leg, and a slight degree of inflammatory swelling in the left testicle. There were, however, no urgent symptoms at the time of admission: it appeared that he had been exposed to wet on the day before he came into the Hospital.

On Friday evening he was attacked with pain in the abdomen, increased upon pressure. He was seen by the apothecary, who directed him to be bled to the amount of twelve ounces, and gave him an aperient mixture.

On Saturday morning, Oct. 8th, the patient was seen by Mr. Tyrrell in consultation with his colleague Dr. Elliotson. The symptoms were now alarming; they were as follows:—Pulse small, quick, and weak; countenance anxious and expressive of pain; the brows contracted, with the upper lip drawn upward. The posture was no less characteristic: the

patient lay on his back, with his knees elevated; respiration was performed by the chest alone. The pain of the abdomen was diffused, and was greatly increased upon the slightest pressure; the testis was now much inflamed; the chord swollen, painful and tender upon pressure; in fact, these symptoms had progressively increased, and it appeared as if inflammation had been set up first in the spermatic chord, and continued to the abdomen. The bowels had been acted upon last night, and once this morning. Dr. Elliotson pointed out to the pupils around the peculiar state of the pulse, which he remarked was exceedingly deceptive, inasmuch as its being so small might deter an inexperienced practitioner from bleeding. Dr. Elliotson directed the patient to be bled from the arm, until the pulse should assume a different character. A vein was opened in the arm, from which but little blood flowed; the jugular vein and temporal artery were opened, and from these upwards of 20 ounces of blood obtained. The pulse at the wrist, immediately after the bleeding, changed its character; it became more full and expanded. Nature appeared rid of an oppressive load, and there was an entire change in the appearance of the patient. He was ordered to take five grains of calomel every three hours, until the bowels were well evacuated.

Oct. 9th. The patient is much relieved; pulse 84, and expanded; tenderness of the abdomen much lessened, and also of the testis and chord. Only one dose of calomel was given, which acted freely upon the bowels. Six leeches were applied last night over the left inguinal canal, on account of pain in that part. From the period of this report, the patient went on well, and remained free from any unfavourable symptom.

Case of Amaurosis.

There is, perhaps, more to be learned from the accurate report of unsuccessful cases, than from those which have been treated successfully. In the latter case we are led smoothly on by an uninterrupted train of success. We reason but little on the means employed, and rest satisfied that certain measures were adopted, and that the patient recovered. It is not thus with unsuccessful cases, the mind dwells upon these; we are set about inquiring why certain measures failed, and thus we are led to a more minute investigation of the disease in question.

The following is a case of amaurosis, in which the treatment hitherto employed has been of no avail.

R. Robinson, aged 30, a sailor, was admitted into the Hospital under the care of Mr. Tyrrell, about ten weeks since, with imperfect amaurosis of the left eye. The right eye was completely destroyed by an accident at sea in 1809; he first experienced defect in the vision of the left eye about last Christmas, and it has gone on gradually increasing. At the time of admission, the power of vision was very imperfect, and he complained of scotomata floating before the eye of a circular form. He complained also of occasional pain in the eye, extending to the temple. There was, in the whole appearance of the eye, something unnatural; the iris was very much dilated and sluggish, nor had the pupil that clear shining blackness which is seen in the healthy eye. The eye had a deadened aspect, for none of the parts were of their usual and natural transparency, and looking through the aperture of the pupil, there was a cloudy appearance, which is probably in the vitreous humour. On pressing the globe of the eye, the sclerotic coat feels firm, but there was a softness and unnatural yielding of the parts beneath, as if they were in a state of semi-fluidity; the eye, too, was preternaturally convex. From all these symptoms Mr. Tyrrell remarked, that it was probable some disorganizing change in the vitreous humour was going on, which he was fearful would proceed uncontrolled. It may be considered worthy of remark, that the patient received a severe blow on the eye from a rope about twelve months since, which was followed by severe inflammation, and to this he attributed his defect of vision in the left eye.

Mr. Tyrrell observed, that occasionally by affecting the system with mercury, we may arrest that slow disorganizing inflammation in the vitreous humour, which leads to glaucoma. The patient was therefore directed to take

Calomel, two grains,
Opium, half a grain,

night and morning. The pills were continued until the mouth became much affected, and then a gentle mercurial action was kept up in the system for several weeks. Blisters have been applied over the temple, and as at one period he complained of much pain, he was cupped. The sight, is not, however, at all improved, and the eye preserves its unhealthy appearance. The largely dilated and sluggish iris, the grey cloudy appearance upon looking through the aperture of the pupil, are strongly characteristic of the destructive internal change which is going on.

ST. BARTHOLOMEW'S HOSPITAL.

Fracture of the Os Frontis, the Bones of the Face, and Rupture of the Abdominal Muscles.

John Watson, ætat. 30, was admitted on Sunday, October 17th, at 12 o'clock, into Rahere's Ward, under the care of Mr. Vincent. He had been kicked by a horse, and was in the following state. There was a semicircular wound in the scalp, on the left side of the head, about three inches and a half in length, the bone being denuded of its periosteum. On the left superciliary ridge, there was a small irregular contused wound; and directly above, but three quarters of an inch from the right superciliary ridge, was a third wound, which ran horizontally towards the opposite eye-brow. Great injury appeared to be done to the bones composing the face. The nasal bones were broken in pieces, and driven in, as also the perpendicular plate of the ethmoid. There was, in the situation of the wound, above the right superciliary ridge, a fracture of the frontal bone, running down into the orbit, but without any apparent depression. The mischief did not seem to end here, as the teeth of the upper jaw were many of them quite loose. On the abdomen, situated mid-distance between the anterior superior spine of the ilium and the umbilicus, was seen an elevated and globular swelling, which, upon being pressed, communicated to the finger a feeling of fluctuation. He was perfectly sensible, and answered readily any questions that were put to him. The lips of the various wounds in the scalp were brought together by adhesive plaster, and a dose of calomel and jalap administered.

Evening, 8 o'clock. There was now considerable tumefaction in the face, which in parts had become livid and discoloured, especially the upper eyelids, which were closed. The tumour in the abdomen was now more diffused and enlarged; it had lost its globular appearance, and, commencing in the right inguinal region, ran obliquely upwards and outwards towards the right lumbar region. It was now covered with an erysipelatous redness, and looked much inflamed. The integument covering it appeared to be but the mere skin, for on being touched it felt like an abscess on the point of bursting. There was great heat in it, but he did not complain of pain on pressure. He is still quite sensible; he complains of great pain in the head. Since the morning, he had had two enemata administered, but without any stool: he was ordered by Mr. Vincent, who saw him at six this evening, another dose of calomel and jalap, and twenty leeches to the tumour on the abdomen. This was done, but he died early in the morning; previous to death he had two motions.

Post-mortem Examination.

On dissecting off the integuments, a considerable portion of intestinum ileum was observed protruding through the parietes of the abdomen; part of it in a very vascular and highly inflamed state; on laying open the abdomen, the intestine was found to have burst through the peritoneum, as well as the muscles. On examining the skull, the fracture in the frontal bone was observed to run deeply into the orbit, and its right orbitar plate was found crushed. The ethmoidal bone was broken to pieces, the delicate structure of the cells was completely destroyed, so that the crista galli and the cribriform lamella could be separated and moved from the ethmoidal fissure in the frontal bone. The nasal bones were completely broken into fragments, and the two superior maxillary bones were fractured near their junction with the palate bone.

Case of Compound Fracture.

Joseph Dean, ætat. 58, was admitted into Rahere's Ward, Sept. 10, with a compound fracture of the left leg, under the care of Mr. Lawrence. The poor fellow was steepleman at Shoreditch church and having to go up into the belfry to turn the clappers previous to the ringing commencing; one of the ringers unfortunately pulled a rope, and the bell to which it was attached, in revolving, jammed the leg between it and the frame work. He remained in this position more than half an hour, until the bell could be raised by means of a windlass. The fracture was about four inches below the knee joint, and extended obliquely upwards through the tuberosity of the tibia. There was extensive laceration of the soft parts, the posterior tibial artery was torn through; no very considerable hæmorrhage had taken place. Mr. Lawrence was sent for, and deeming immediate amputation necessary, took it off above the knee between one and two o'clock A.M. on Sunday morning. The case went on admirably, and the stump is now almost perfectly healed. Mr. Lawrence does not appear to possess that happy obedience to his master's antiquated opinions, that seems to recommend some surgeons in the Hospital to his especial patronage.

"Other persons have advocated the same opinion; but I should rather defer operating, if possible, until the next day, if I could, or the next evening. The constitution has sustained a very severe shock by the injury, and the additional shock of the operation, before the first was recovered from, would in many cases extinguish life. I *know* that the practice of immediate operation *would not succeed among Londoners*, for there are very few of them capable of sustaining such a two-fold injury. I should say, wait; tell the patient that you will leave it until the next day; let him recover a little, and prepare his mind for it. If you find that the circumstances are not more urgent on the second day, say you will put it off a little longer. It is astonishing to see what little impression a large wound, such as that formed in amputation, will make upon the system, when it has been for some time previously suffering from considerable irritation. Amputation of a limb from a man in full health is known by experience to be a *very* dangerous thing, and therefore I should recommend you to wait a little after the receipt of a violent injury, before you perform it."—See Abernethy's *Sketches* or *Recollections* of Surgery in THE LANCET, dignified by the name of Lectures.

Case of Stricture of the Œsophagus.

Samuel Leach was admitted into Harley's Ward on the 27th of August, under the care of Mr. Earle, affected with stricture of the œsophagus. He states that he was seized with a difficulty of swallowing while at dinner, and that a piece of meat stuck in his throat. It produced a great deal of irritation, and a surgeon being sent for, with great difficulty got it down. Since that time he has been occasionally seized in a similar manner, and at the time appears to be nearly suffocated. At present he cannot swallow solids but in exceedingly small quantities. He was ordered to have a bougie passed occasionally, and mercurial ointment rubbed on the external part of the neck, and to be put on milk diet.

Sept 12. The bougies appear to be of great use to him, as he is much relieved, and can swallow with much more freedom. They are passed daily, and one of a large size is now passed. The stricture appears immediately below the commencement of the œsophagus.

Oct. 23d. He left the Hospital about three weeks ago, perfectly well.

MIDDLESEX HOSPITAL.

Case of Popliteal Aneurism, with the Operation, by Mr. Joe Burns!!

John Winter, ætat. 33, a shoe-maker, and a healthy looking man, was admitted into Hertford Ward, (Oct. 2,) under the care of Mr. Joe Burns, with a tumour in the ham, of the following character. It was a circumscribed pulsating tumour, about the size of a turkey's egg, and was confined to the popliteal cavity or space. Pressure on the femoral artery of the thigh staid its pulsations. The characteristics of this swelling were evident as to its being aneurism of the popliteal artery. Mr. J. however, declined offering any opinion of its nature, and requested Mr. Bell to see it. "What is it?" said a pupil to Joe, "It is a tumour" was the sagacious and satisfactory reply.

The patient stated that about twelve months since he felt pain in the ham extending down the calf of the leg, with swelling and stiffness. He does not recollect having received a strain, blow, or other injury which could have done violence to the coats of the artery.

The patient was directed to keep his bed, and to apply cold lotion to the tumour; after this the leg became œdematous, and the tumour increased somewhat in size. Mr. Bell, in making some observations upon this case, remarked, "that he had often seen patients walk about without œdema, but when they laid down the limb became œdematous." It was determined to perform the operation on the 7th.

Operation.

The patient being laid upon his back, the limb placed in a semiflexed position, and all things arranged in due order by Messrs. Cartwright, Shaw, and Bell, each of whom seemed exceedingly anxious for the exhibition which the senior surgeon was about to make.

The operation commenced by Mr. John Shaw (alias Junior Joe) *pinching up the integuments*, through which the senior surgeon cut! This certainly was a most ingenious mode of preventing Joe from cutting in the wrong place, and we will venture to say is unparalleled in the history of operative surgery; except, indeed, in the *Burnian* case of hernia, in which a somewhat similar method was adopted.*

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* We cannot find, in Mr. Bell's Operative Surgery, any direction for pinching up the skin previous to making an incision; we find, indeed, the following saga-

Joe was *directed* to continue the incision downward, which was done to about the extent of four inches, and thus fortunately opened upon the sartorius. In making the incision two very minute branches of arteries jetted out blood, and the operation was delayed in order to put two ligatures around vessels which might have been checked by simply pinching them with a forceps. An assistant drew the sartorius to the outer side of the thigh, which intelligible hint was understood by Joe, for we must in justice acknowledge that the creature was remarkably docile. An incision being made through the fascia, it was slit up on a director, and eventually a ligature was passed under the artery by means of an eye-probe. The lips of the wound were brought together by means of short strips of adhesive plaster, and a roller applied round the thigh. The limb was wrapped up in one of Mr. Joe Burns's flannel petticoats, and the patient put to bed.

On the third day after the operation there was a slight blush of erysipelatous inflammation around the wound, which increased and extended up the thigh to the back, the constitution also became considerably affected. These symptoms subsided, and upon visiting, in company with Mr. Joe Burns, the patient on the 10th day after the operation, we found that he was exceedingly debilitated.

The patient was ordered a small quantity of wine, and "*as a strengthener*," said the senior surgeon, turning round to his dresser, "let him have *twenty drops of Hoffman in camphor julep*," to take three times a day!—This old fellow will be the death of us.

LONDON OPHTHALMIC INFIRMARY.

Edmund Davis, aged 2 years, was brought to this Infirmary, August 9, and taken under the care of Mr. Tyrrell. The hair and complexion are light; but the iris of the sound eye is of a dark brown colour. About twelve months ago, the mother observed, at the bottom of the child's right eye, a bright shining appearance, like a piece of polished metal, and that the vision of the eye was lost. The globe is now nearly as big again as that of the sound eye, is completely disorganised, and has begun to protrude between the eye-lids. The tunics have yielded generally to the pressure, but have not given way at any particular part. There is some inflammation of the palpebræ and conjunctiva, and the sclerotic is of a bluish colour. The cornea is still quite transparent, and is much increased in size from the distension; the anterior chamber appears to be filled with blood. The child has not complained of pain, and is much disposed to sleep. The case was entered in the book as one of complete *disorganization* of the globe. Query, *fungus?*

Ordered,

Hirudines iv. *oculo dext.*
Hydrarg. cum cretâ gr. v. *bis quotidie,*
Magnesiæ carbon. gr. xv. *pro re natâ.*

A lotion, composed of two oz. of Mr. Battley's sedative solution of opium to a pint of water, to be constantly applied to the eye.

16th. No alteration. To go on with the medicine and lotion.

25th. In the same state. To continue the remedies.

Sept. 20th. Great enlargement and inflammation of the palpebræ; complains of pain. Apply six leeches to the palpebræ, and repeat the medicine, and lotion as before.

24th. Inflammation subdued; very little pain. The sclerotic has given way at a small point in the upper part. Lymph in the anterior chamber. To go on with the medicine and lotion.

Oct. 11th. The globe is diminished in size. To repeat the medicine.

18th. The globe is much less than when the child was first brought here. The lymph is of a reddish yellow colour, and appears to be vascular. To continue the use of the same remedies.

22nd. The globe less than that of the sound eye. Lymph still vascular. There is not any pain; the mouth has not been affected by the medicine, and the child is very well in health. To continue the medicine.

Perhaps it will be thought by some, that we have given this as a successful case, before we are authorized in expecting a favourable termination.

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cious and *practical* remark: "that there is some difficulty in *placing* the incision correctly in the right place, and it is of consequence that it should be right—a surgeon who is no anatomist will find himself a little *difficulted.*"

ERRATUM.

At page 189, bottom of first column, for "Cuvier," read *Currie.*